

Request To Void RTA Paperwork

ATTENTION: Inspections Admin

Participant	Information			
Participant	Name (<i>print</i>)			Last 4 of SSN
Home Telephone		Work Telephone		
Email Addr	ess	'		
Current Ad	dress			
City			State	Zip Code
Which part	y is initiating this	request? Plea	ase check a b	ox:
□ Owner	☐ Manager	☐ Participan	t	
Please prov	vide the address	of the unit/pro	perty to be v	oided:
Street Add	ress			
City			State	Zip Code
Reason for	void:			
Both partic	ipant and landlor	d signatures a	re required fo	or approval.
Participant Signature				Date
Landlord Si	gnature			Date
For Office	-			
Accepted E	Ву		Dat	
Accepted E				e ified On