

# Request for Internal Review Form

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Please type or print and return to: **Housing York Inc.**

Insert Date: DD/MM/YYYY

Insert Name of Non-Profit:

Insert Address of Non-Profit:

## Applicant Information:

Last Name:

First Name:

Mailing Address:

Apartment #:

Postal Code:

Telephone number where you can be reached:

Area Code: ( ) Number:

1. What is the date on your Notice of Decision?

Month:

Day:

Year:

2. Why do you disagree with the decision made? Please write the reasons below and attach supporting documentation.  
*(If you require additional space, please use the space provided on the back.)*

**Please Note: You must sign and deliver this form by fax, mail or in person within 10 business days of receipt of the Notice of Decision you are appealing. To avoid delays, make sure that the information you give is complete.**

Send to: Housing York Inc.  
1091 Gorham Street, Unit 104  
Newmarket, ON L3Y 8X7

Applicant(s) Signature:

Date

**Please Note:** You must be 16 years of age or older to request an Internal Review

Month:

Day:

Year:

