

PORTSMOUTH METROPOLITAN HOUSING AUTHORITY
Security Department

Request for Removal from PMHA Barred List

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE READ:

A person named on the PMHA Barred List may request removal from the Barred List at any time after they have been placed on the list. The request will be reviewed by the appropriate authorities within PMHA. The decision to remove a name or not remove a name will be made according to the circumstances of each case. Completion of this form is required in order to be considered for removal from the barred list, but there is no guarantee that a name will be removed just because this form has been completed and submitted for review.

EXPLAIN WHY YOU THINK YOU SHOULD BE REMOVED FROM THE PMHA BARRED LIST:

Complete on other side

Request for Removal from PMHA Barred List

I understand that this is a request that will be reviewed by the appropriate authorities with PMHA and does not in any way represent a guarantee that my name will be removed from the barred list.

_____ SIGNATURE	_____ DATE
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	APPROVE	DISAPPROVE
_____ Executive Director	_____	_____
_____ Director of Housing Management	_____	_____
_____ Director of Security	_____	_____