



**HOUSING AUTHORITY OF DEKALB COUNTY**

**Section 8 Program Office**

750 Commerce Drive  
Suite 200  
Decatur, GA 30030  
(404) 270-2600 Fax # (404) 270-2643  
www.dekalbhousing.org

**Request for Service Form**

*(Please Print Clearly)*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_:\_\_\_\_  
Time

\_\_\_\_\_  
Name

\_\_\_\_\_  
To: HADC Staff Person

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Daytime Phone Number(s)

\_\_\_\_\_  
Your Current Address

**You Are:**

- Section 8 Client
- Landlord
- Section 8 Applicant
- Other (please explain) \_\_\_\_\_

**Type of Action Requested** (please check appropriate box):

- Information
- Complaint
- Appointment
- Portability
- Section 8
- Other (please explain): \_\_\_\_\_

**Please summarize the purpose of your request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note:** All responses to inquiries, complaints or concerns will be submitted to the appropriate HADC staff person. Your request will be handled and you will be notified within four business days from the date your request was submitted.

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*FOR OFFICE USE ONLY*  
**Staff Member's Action Taken To Resolve Issue**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_