



APPEAL OF DENIAL OF FAIR HOUSING ACCOMMODATION REQUEST

Please attach the following materials to this appeal form:

- (a) A copy of your fair housing accommodation request along with any attachments submitted with the request; and
- (b) The notice of the decision denying your accommodation request.

Please fill out each of the following items completely (Print Clearly):

Date of Adverse Decision: _____

Date Appeal Filed: _____

State why you think the denial of your request for accommodation was wrongly decided:

Provide any new information, facts or documents that support your request for accommodation:

Name of applicant/appellant: _____

Signature: _____ Date: _____

Accessibility: If you are an individual with a disability and require an accommodation to participate in a County program, service or activity, please call (415) 473-4381 (voice), (415) 473-3232 (TTY), dial 711 for CRS or email disabilityaccess@marincounty.org at least four business days in advance of when you require an accommodation. Documents in alternative formats are available upon request.

