

APPEALS REQUEST FORM

Document No: ER075.3

TENANT DETAILS		
First Name:	Surname:	
Address:		
Suburb:	State:	Postcode:
Phone (home):	Email:	
Are you a resident? Please tick one item from the list.	Yes	No
What does this appeal relate to?	Applications	Rental Subsidy
Please tick one item from the list.	Transfers	Water Usage Charges
	Rejection of Reasonable Offer	Property Modifications
	Succession	Absence from Dwelling
Why would you like this decision reviewed?	Please write your reasons below.	
Preferred outcome (what do you want us to do?)	Please write your reasons below.	
Lodging this appeal for someone else? Please tick a box.	Yes	No
Please write their name here:		
I authorise the following person to submit this form on my behalf	Yes No	N/A
Please write their name here:		
I authorise Evolve Housing to correspond with the following person in regards to this form	Yes No	N/A
What is your preferred method of contact with us:	Phone Email	
Once complete please return this form to your Property Manage		

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