



Request for Information Form

Please allow 24 - 48 hours to process the request.

Date of Request: _____

Request for Information - Please Print

Name: _____

Agency: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Record Request Information

Name: _____

Social Security Number (last 4 numbers): _____ xxx - xx - _____

Address: _____ Apt.#: _____

Telephone: _____ Email (Optional) _____

Please be as specific as possible in describing the information being requested.

Authorization to Release Information

I hereby authorize release of the requested information to the person and/or entity requesting it on this form. I hereby release the Jersey City Housing Authority from any liability arising from the provision or use of this information.

Signature _____ Print Name _____ Date _____

Office Use Only - JCHA Staff Who Completed Request

Name/ Title/ Department : _____

Date Received: _____ Date Completed: _____

