



APPEAL REQUEST FORM

Requestor's Contact Information

Name _____

Property Address _____

Mailing Address _____

Phone Number _____ Email Address: _____

Application Number _____

Reason for Appeal

Use additional sheets if necessary. Please attach all relevant supporting documentation with this form.

I certify that the information included on this form is true and accurate to the best of my knowledge. I hereby agree to participate in the City of Houston – Housing and Community Development Department Appeal process. I understand that an application for an appeal does not guarantee an overturned decision.

Applicant/Appealing Party Signature _____

Date _____

By Mail:
Housing and Community Development
Department
2100 Travis St., 9th Floor
Houston, TX 77002
Attn: Planning & Grants Management

By Email:
HCDDComplaintsAppeals@houstontx.gov

By Phone:
832.394.6200
Mon-Fri, 8 a.m. – 5 p.m.