Wisma Request for Review Form

Date:
Name of appellant:
Address of Appellant:
Appellant's phone number:
Date appellant letter was received:
Decision being appealed:
 Denied request for internal transfer including request for additional bedroom Refused to offer a unit Denied request to add an additional member to the household Denied request for a parking space Denied request for an extended visitor's stay Refused transfer Other Reasons for the initial staff decision
What options have already been discussed with the appellant?

Is there other information the committee may benefit from to make a decision?
This form prepared by
Name: