

City of Ronan Housing Authority



P.O. Drawer 146
Ronan, MT 59864

Phone: (406) 676-5900
Fax: (406) 676-5903
E-Mail: housing@Ronan.net

Customer Request

This form is to be used to initiate a response from the Housing Authority regarding any action taken against an individual or failure by Housing Authority to take action regarding a request or complaint by an individual. A letter requesting action and signed by the individual may substitute for a Customer Request Form. PLEASE BE SURE TO USE BLACK INK WHEN COMPLETING THIS FORM.

Please fill this form out completely and return it to the Authority office. A response will be received within 10 working days from the request.

Name _____
Address: _____

Date _____
Unit# _____
Phone# _____

Brief Description of Complaint

Action Requested by Customer

Signature _____ Date _____