



SERVICE REDUCTIONS*

IF YOU ARE CLAIMING A REDUCTION IN HOUSING SERVICES, PLEASE LIST THAT SERVICE BELOW. FILL OUT COMPLETELY. USE A SEPARATE FORM FOR EACH SERVICE REDUCED.

Service you believe to be reduced:

Who is affected by service? *(other tenants, entire complex)*

Estimated or known value of service. *(Please indicate the basis of your estimate and show any calculations on a separate page)*

Change in level of service:

Date service changed: _____

Answer one:

Were you notified of change in service?

Written: _____

Verbal: _____

Date you notified landlord of change in service:

Written: _____

Verbal: _____

Date landlord asked to restore service:

Written: _____

Verbal: _____

Landlord's response to notices:

Current level of service:

Signature: _____

Date: _____

Address: _____
(City) (State) (Zip)

**THIS FORM SHOULD BE ATTACHED TO THE PETITION*