

Akron Metropolitan Housing Authority 100 West Cedar Street Akron, Ohio 44307 (330) 762-9631 www.akronhousing.org

REQUEST TO SPEAK TO THE BOARD OF TRUSTEES

NAME:		
ADDRESS:		
TELEPHONE NUMBER(S):		
EMAIL ADDRESS:		
Brief summary of issues or concern	ns you wish to discuss:	
Will other persons be attending wit	h you? Yes No	
Please list name(s) and total number arrangements.	er of attendees to facilitate seating	
Please return completed form to:	Akron Metropolitan Housing Authority Attn: Kelley Foster-Lever 100 W. Cedar Street	
	Akron, OH 44307	

Please call Kelley Foster-Lever at 330-376-9507 if you need to confirm meeting times, dates and location and/or assistance in completing this form or require other special accommodations.

NOTE: Requests must be received by noon, one-week prior to the scheduled Board Meeting.





or email requests to klever@akronhousing.org