

SCREENING APPEAL REQUEST

Date: _____ Property / Landlord Name: Fox Management Inc.

Applicant Name (s): _____

Person making request: _____

REASON FOR THE ORIGINAL DENIAL:

WHY THIS SCREENING SHOULD BE REVIEWED AND OVERTURNED:

DOCUMENTS SUBMITTED:

RECOMMENDATION FROM THE APPEALS DEPARTMENT/SUPERVISOR:

APPROVED (REASON):

DENIED (REASON):

Appeals Department / Portfolio Manager

Date