SMFN Request for Housing Department
From Occupants

Name _____ Date _____

Address _____ Band No. _____

What type of work is being requested:

☐ Emergency

☐ Nessesary/Needed

☐ Wanted/Desired

_____

_____

_____

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_____

By filling out this form, I understand this request ay be denied based on the assessment of the housing department. I will not move forward with any work before receiving direction on this request.
I further understand that taking matters into my own hands and hiring someone to do the work does not constitute an agreement with the Housing Deparment, and they are not responsible for any negligent or poor workmanship by those that I hire.

_____

Signature of Applicant