Environmental Review Record
REQUEST

Instructions: This request must be completed prior to you proceeding with your project. Allow five business days for the completion of this request.

Date:_____

From:_____

Project Name:_____

Project Address:_____

Project Summary:_____
_____
_____

Funding Source:_____ Amount:_____

Anticipated date rehab will begin:_____

Anticipated date of release of funds:_____

Requesting Party:_____

Phone/Contact Info:_____

s:hhs/nb/housing/comply/environmental review record request