SHARED HOUSING REGISTRATION APPEAL FORM

INSTRUCTIONS

• You have 10 calendar days from the notice date of registration denial to appeal and request a hearing.
• If a hearing is required, BACP will notify you of your scheduled hearing date. Hearings will take place at City Hall, 121 N. LaSalle Street - Room 805.
• To appeal the denial of registration for your unit you must timely submit the following documents to houseshareappeals@cityofchicago.org:
  i. Completed Shared Housing Registration Appeal Form;
  ii. Copies of any and all documentation or evidence that support your appeal; and
  iii. A copy of the denial letter regarding the shared housing unit registration at issue.

APPELLANT INFORMATION

Host Name: ____________________________

Host Mailing Address: ____________________________

Host Telephone Number: ____________________________

Host E-Mail Address: ____________________________

Shared Housing Unit Address: ____________________________

Registration Denial Identification Number: ____________________________

(Located at the top of your registration denial notification)

Brief Statement Regarding the Basis of Your Appeal:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ACKNOWLEDGEMENT

I hereby certify that the information supplied in this form is true, correct, and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such statement to a range of civil and criminal penalties.

Signature: ____________________________ Date: ____________________________