



Division/Branch
Address
Town/City MB Postal Code
manitoba.ca/housing

Name
Title
E-mail address
Tel: (204) 945-xxxx
Toll Free: 1-800- if avail
Fax: (204) 945-xxxx

<<Date>>

<<Leaseholder name>>

<<Co-leaseholder name>>

<<Address>>

<<City/town, MB postal code>>

Tenancy Reference: <<Tcy Ref No>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Request to Review Policy Decision

Dear << Leaseholder and Co-Leaseholder >>:

In response to your request, a review of the policy decision regarding your [[Review of the policy decision regarding (Select one and enter: application for housing or Manitoba Housing tenancy)]] has been conducted.

It has been determined that there [[Review decision determined that there (Select one and enter: is / is not) sufficient evidence to support the decision]] sufficient evidence to support the decision made by Manitoba Housing staff. Therefore, your request to reverse the decision has been [[Request to reverse the decision has been (Select one and enter: approved / denied)]].

If you have any questions or concerns, please contact me.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>