

1099 FORM REQUEST

Name: _____

Address: _____

Telephone #: _____ Alternate telephone #: _____

Client (Entity ID)#: _____ Tax ID#: _____

Use this section to briefly state your question(s), describe any errors or state your request:

Signature of Owner(s): _____

Please attach a legible copy of your Driver License or current picture ID with signature.

MAIL TO:

Housing Authority of the City of Los Angeles
Finance Department/Section 8 Payables
2600 Wilshire Blvd., Suite 5200
Los Angeles, CA 90057

(Revised 1-10)