

**MAIL TO:** TOWN OF ISLIP HOUSING AUTHORITY  
963 MONTAUK HIGHWAY  
OAKDALE, N.Y. 11769  
ATTN: "SUGGESTION BOX"

PLEASE PROVIDE:

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_ @ \_\_\_\_\_

ARE YOU A CURRENT PROGRAM PARTICIPANT? YES OR NO (CIRCLE ONE)

**QUESTION/COMMENT/COMPLAINT**

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