## **CLIENT MAIL FORM**



Hamilton Housing Help Centre 119 Main St E, Hamilton L8N 3Z3 Telephone: (905) 526-8100 Fax: (905) 528-1448

#### PLEASE PRINT THIS FORM

Personal Information		
PLEASE PRINT LEGIBLY		
First Name:	Last Name:	
Date of Birth (e.g. Nov 10, 1964):		
Phone Number:		
E-mail:		

# Letter mail only. No packages, magazines, subscriptions. Must check your mail every 30 days

#### How to set up a mail file:

- 1.) Print and complete this form (If you are unable to print this form please call the office for alternative arrangements).
- Completed client mail forms can be mailed or dropped off in the mailbox/drop box at Hamilton Housing Help Centre
   Main St E
   Hamilton, Ontario
   L8N 3Z3
- 3.) Upon receipt of the mail form, Housing Help Centre will create a client mail file. Files cannot be created for mail forms missing information and a signature.

#### How to pick up mail:

1.) Call the office to make arrangements (905) 526-8100 \*MUST HAVE PHOTO ID PRESENT TO PICK UP MAIL\*

### Please complete the following agreement:

I would like to use the Hamilton Housing Help Centre as a contact for my mail. I agree to check my mail at the Hamilton Housing Help Centre regularly (every 30 days). I agree to not have packages, magazines or subscriptions mailed to the Hamilton Housing Help Centre. I agree that the Hamilton Housing Help Centre may contact me through the information I have given regarding the receipt of my mail. If I am unable to check my mail within 30 days, I agree that the Hamilton Housing Help Centre can return my mail to the sender and can stop receiving mail on my behalf.

Signature	Date	