

**PLEASE COMPLETE THIS FORM
AND RETURN TO THE PORTABILITY OFFICE**

CANCEL PORT OUT REQUEST

CLIENT NAME _____
(PLEASE PRINT)

CHECK APPROPRIATE BOX BELOW

I WOULD LIKE TO REMAIN IN BREVARD COUNTY.

IN THE SAME RENTAL UNIT

RELOCATE TO NEW UNIT

OR

**I WOULD LIKE TO BE TRANSFERRED TO A
DIFFERENT HOUSING AUTHORITY**

**(If you are requesting to be transferred to a different
Housing Authority, you must complete and attach the
“Request for Portability” form)**

