

This verifies that _____ (Name of Client) had an appointment to look at an apartment/house located at _____.

Reason for not accepting:

Too small _____

Unreasonable rent _____

Undesirable location _____

Other _____

Reason for not being accepted:

No references _____

Not enough income _____

Other _____

Signed: _____
(Property Manager/Landlord)

Date: _____

Signed: _____
Client

Date: _____

Wyoming Department of Health
Toni Reeves
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307-777-7382 FAX