

Our Ref



PROPERTY INFORMATION FORM

OWNERSHIP DETAILS (Please complete in BLOCK LETTERS)

Property Address.....

..... Post Code.....

Full name of Owner/Manager*

Address for Correspondence.....

..... Post Code

Telephone Number E-Mail

PROPERTY DETAILS

Was the property: (please tick as necessary)

Purpose built as a dwelling	<input type="checkbox"/>	Converted from a residential dwelling	<input type="checkbox"/>	Converted from a non-residential dwelling	<input type="checkbox"/>
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Does the property consist entirely of self-contained units?..... Yes/No

OCCUPANCY DETAILS

Please provide the number of:

Storeys	<input type="checkbox"/>	Units of Accommodation	<input type="checkbox"/>	Households Occupying Property	<input type="checkbox"/>	People Occupying Property	<input type="checkbox"/>
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ROOMS AND FACILITIES

Please provide the total number of:

Habitable Rooms (excludes rooms used solely as kitchens or bathrooms)	<input type="checkbox"/>	Bath/Shower rooms with WC	<input type="checkbox"/>	Bath/Shower rooms without WC	<input type="checkbox"/>	Separate WCs	<input type="checkbox"/>
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Wash hand basins in bath/shower rooms/WC	<input type="checkbox"/>	Wash hand basins in Letting Units	<input type="checkbox"/>	Sinks (not wash hand basins)	<input type="checkbox"/>	Kitchens	<input type="checkbox"/>
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This is to certify that I, as the owner/manager* of the above property supply these particulars of which, to the best of my knowledge and belief, are correct at the date of this notification.

Signature of Owner/Manager*

..... Date

**please delete as necessary*

Please complete and return to: Private Sector Housing Team, Environment and Communities, Castlepoint Office, Castlepoint Library, Castle Lane West, Bournemouth BH8 9UP.