

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		Converted from a residential dwelling		Converted from a non-residential dwelling	
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Does the property consist entirely of self-contained units?..... Yes/No

OCCUPANCY DETAILS

Please provide the number of:

Storeys		Units of Accommodation		Households Occupying Property		People Occupying Property	
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ROOMS AND FACILITIES

Please provide the total number of:

Habitable Rooms (excludes rooms used solely as kitchens or bathrooms)		Bath/Shower rooms with WC		Bath/Shower rooms without WC		Separate WCs	
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Wash hand basins in bath/shower rooms/WC		Wash hand basins in Letting Units		Sinks (not wash hand basins)		Kitchens	
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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.