

APPLICATION FOR THE TENANCY OF A COUNCIL GARAGE

Name:.....

Address:.....

Telephone No:.....

Options:

Is this application for a first garage:.....YES NO

Is this application for an exchange of garages:.....YES NO

Is this an application for a second garage:.....YES NO

In which Close would you prefer your garage?

1st choice:.....2nd choice:.....

3rd choice:.....4th choice:.....

Are you a Council tenant:YES NO

Your application will not be considered if you have rent arrears.

Are you an owner-occupier:YES NO

Signed:..... Date:.....

FOR OFFICE USE ONLY:

RENT ACCOUNT CHECKED:

APPLICATION NO: