



Application for an Accommodation Certificate

Applicant Name:.....

Applicant Address:.....

.....

Applicant Telephone Number:.....

Applicant Email:.....

Details of Owner

1. Name:

2. Address:

3. Telephone Number:

The particulars of the property to which the individual/s will be moving:-

Current Occupants at Address

1. Name:

2. Relationship to Applicant:.....

3. Date of Birth:

4. Male/Female:

1. Name:

2. Relationship to Applicant:

3. Date of Birth:

4. Male/Female:

1. Name:

2. Relationship to Applicant:

3. Date of Birth:

4. Male/Female

Details of individual/s who are applying for entry into this County:-

- 1. Name:
- 2. Relationship to Current Occupant:.....
- 3. Date of Birth:
- 4. Male/Female:

- 1. Name:
- 2. Relationship to Current Occupant:
- 3. Date of Birth:
- 4. Male/Female:

- 1. Name:
- 2. Relationship to Current Occupant:.....
- 3. Date of Birth:
- 4. Male/Female:

I hereby certify that to the best of my knowledge and belief, the above particulars are correct.

Signature:.....

Dated:.....

Name in Block Capitals:.....

When completed, return this form, together with the payment to: Environmental Health Department, Council Offices, Desford Road, Narborough, Leicester, LE19 2EP.

Cheques should be made payable to "Blaby District Council".

Should you wish to pay by debit or credit card, please contact our Customer Services Team on 0116 272 7555.

Please do not send cash in the post