



Review of Empty Homes

Please complete Section 1 OR Section 2

Section 1 – My property is empty and no-one resides at the address

- 1. Is the property anyone's main home? Yes No
- If 'No' is the property anyone's second home? Yes No
- If 'yes' is the property furnished? Yes No
- 2. Would you like us to contact you to advise on how the Council may be able to help you bring your property back into use? Yes No
- 3. Please provide your home address: _____

Section 2 – My property is now occupied

1. Please give the names of every adult over the age of 18 whose main home is at the above address:

Title: Mr, Mrs, etc.	Surname	First name(s)	Date moved in

I declare that the information I have provided in Section 1 or Section 2 above is correct to the best of my knowledge.

Telephone No: _____

Mobile No: _____

Email: _____

Signed: _____ Date: _____

Full name: _____