



Please return completed form to:

HOUSING SERVICES

Our ref: appgarage

Please ask for: Housing Repairs

Direct Dial: 01727 819256

APPLICATION FOR A COUNCIL GARAGE

Please complete ALL sections

SURNAME FORENAME MR/MRS/MISS

DATE OF BIRTH IF UNDER 18

ADDRESS

..... POST CODE

DAYTIME TEL. NO. HOME TEL. NO.

PLEASE SPECIFY THE AREA/ROAD WHERE YOU REQUIRE A GARAGE:

.....

Do you currently rent a garage from the Housing Department ? YES / NO

If yes, what is the address of your present garage ?

..... Tenancy Reference

DO YOU REQUIRE A TRANSFER ? YES / NO

**ARE YOU A COUNCIL TENANT ? YES / NO
(renting your home from the Housing Department)**

If yes, Tenancy reference

ARE YOU A ST ALBANS DISTRICT COUNCIL LEASEHOLDER? YES / NO

WHAT VEHICLE IS THE GARAGE TO BE USED FOR ?
(please state type: Saloon, Estate, Van etc)

SIGNATURE DATE

NOTE: Once we have received your application a letter of confirmation will be sent out.

Application entered on Database

Added to Allocation List

Garage offered address Date

Keys taken for viewing Date Tenancy commencement Date