



HOUSING SERVICES
Head of Housing: Karen Dragovic

Our Ref: SCS K & B
Your Ref: Kitchen/Bathroom
Please ask for: John Billington
Direct Dial: 01727 819524

Dear Resident,

STOCK CONDITION INFORMATION

We are currently gathering information about the condition of the Kitchens and Bathrooms within our properties to help us plan our improvement programmes over the next 30 years.

It would help us greatly if you could complete the attached form with our estimate of the age and condition of your kitchen and bathroom and return it to us at the Council Offices as soon as possible.

As a guide to condition we would suggest the following criteria as a guide:

- Good** – No major defects i.e. broken kitchen units, cracked / broken sanitary ware. No more than two minor defects i.e. Chips to worktops, loose doors in units, chips on sanitary ware
- Moderate** – No more than one major defect as described above and no more than five minor defects as described above.
- Poor** – Two or more major defects as described above and six or more minor defects.

Please remember that decorations or floor coverings are not to be considered when establishing condition as these are your responsibility under your tenancy agreement.

If you believe either your kitchen or bathroom to be in a poor condition, then it would be helpful if you can include **photographs** to help us with an accurate assessment. Also condition relates to the actual units and does not relate to any decorations, tiling or flooring.

PLEASE TAKE INTO ACCOUNT THAT FILLING IN THIS SURVEY DOES NOT AUTOMATICALLY MEAN THAT YOUR KITCHEN OR BATHROOM WILL BE REPLACED IN THE NEAR FUTURE, AND CURRENTLY WE WILL BE UNABLE TO GIVE ANY INDICATIONS AS TO WHEN YOUR KITCHEN OR BATHROOM WILL BE REPLACED.

We thank you for your help in this matter.

Yours sincerely,

John Billington
Senior Building Surveyor

Return address:
Civic Centre
St. Peter's Street
St. Albans
AL1 3JE

**KITCHEN AND BATHROOM CONDITION INFORMATION FORM
TO BE RETURNED TO ST ALBANS CITY AND DISTRICT COUNCIL**

- **IS YOUR KITCHEN / BATHROOM COUNCIL INSTALLED OR HAVE YOU REPLACED IT YOURSELF?**

	COUNCIL INSTALLED	SELF INSTALLED
KITCHEN		
BATHROOM		

- **APPROXIMATE AGE OF MAJORITY OF FITTINGS (WHERE KNOWN)**

	0-5 YRS	5-10 YRS	10-15 YRS	15-20 YRS	OVER 20YRS	NOT KNOWN
KITCHEN						
BATHROOM						

HOW LONG HAVE YOU LIVED AT THE PROPERTY? _____

- **OVERALL CONDITION OF THE MAJORITY OF FITTINGS**

	GOOD	MODERATE	POOR
KITCHEN			
BATHROOM			

- **YOUR INFORMATION**

NAME _____

SIGNED _____ DATE _____

ADDRESS _____

CONTACT TELEPHONE NUMBER _____

WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK YOU FOR YOUR HELP IN THIS MATTER. IF YOU DO NOT RETURN THIS FORM WE WILL ASSUME BOTH YOUR KITCHEN AND BATHROOM ARE IN GOOD ORDER AND RECENT.