

Key Leaseholders – Application Form

To be completed by **resident** leaseholders only.
Please complete in **BLOCK CAPITALS**

Name:
Leasehold Property Address:
Postcode:
Email Address:
Home Tel:
Mobile No:

Preferred method of contact (delete as appropriate): Telephone / Email / Letter

Please indicate the duties you wish to undertake by ticking one or more of the following boxes:

To receive and review periodic repairs reports

To liaise with the Home Ownership Team on communal issues and monitoring of services provided to my block

To act as point of contact for other leaseholders regarding communal repairs in our block

Signature

Date

Print Name: