



# Warwick District Council

## Housing Act 2004 Part 2

### Form 6

**A COPY OF THIS FORM MUST BE ISSUED TO ANY PERSON WITH A LEGAL INTEREST IN THE PROPERTY NAMED IN BOXES 1 - 6 BELOW. IT MUST NOT BE RETURNED TO THE COUNCIL**

**Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006**

**Notification of Intention to Apply for HMO Licence**

**To:-**

1	2	3
4	5	6
This is to inform you that I		<b>Full Name</b>
Of		<b>Address</b>
		<b>Telephone No.</b>
		<b>Email Address</b>
Intend on		<b>Date of Application</b>
To apply under Part 2 Housing Act 2004 to	Warwick District Council	<b>Local Authority</b>
For an HMO Licence in respect of		<b>Address of HMO</b>

The licence holder will be (if not you)		<b>Licence holder's name</b>
Of		<b>Licence holder's address</b>
The licence holders telephone No.is		<b>Licence holders telephone No.</b>
The licence holders email address is		<b>The licence holders email address</b>

<b>Signature (applicant)</b>		<b>Date</b>	
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