



Warwick District Council

Housing Act 2004 Part 2

Form 5

A COPY OF THIS FORM MUST BE ISSUED TO ANY PERSON WITH A LEGAL INTEREST IN THE PROPERTY NAMED IN BOXES 1 - 12 BELOW. DO NOT RETURN THIS FORM 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:- Please remember you MUST also sign the declaration on Form 1 or Form 6 indicating you have informed the people who are listed below.

To:-

1	2	3
4	5	6
7	8	9
10	11	12

This is to inform you that I intend on (date below) to apply under Part 2 of the Housing Act 2004 to Warwick District Council for an HMO Licence in respect of the property named below.

Full Name (Not initials)	
Full Address	
Telephone Number/s	Landline: Mobile:
Email Address	
Date of Application	
Local Authority	Warwick District Council
Address of HMO	Postcode:
The licence holder's name (If not you) (must be full name)	
Licence holder's address	Postcode:
Licence holders telephone number/s	Landline: Mobile:
The licence holders email address	

Signature (applicant)		Date	
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