



HOUSE IN MULTIPLE OCCUPATION  
NOTIFICATION OF OWNER'S CONTACT DETAILS

PROPERTY ADDRESS:

HMO REFERENCE:

EXPIRY DATE OF LICENCE:

OWNER'S NAME:

OWNER'S ADDRESS:

OWNER'S CONTACT TEL NOS.:

    LANDLINE:

    MOBILE:

MANAGERS'/AGENTS' NAME:

MANAGERS'/AGENTS' ADDRESS:

MANAGERS'/AGENTS' TEL NOS:

    LANDLINE:

    MOBILE:

    EMERGENCY TEL NO:

This notification is designed to give neighbours adjoining an HMO the opportunity to contact the Owner or Agent or a Licensed Premises, when problems with the property or tenants have arisen. Neighbours and other affected parties are encouraged to contact the Owner or Agent to discuss any such problems in the first instance. Where the issue or problem cannot be amicably resolved, Landlord Registration can be contacted on 01592 583162.

Declaration

I \_\_\_\_\_ CERTIFY THAT THIS NOTIFICATION, CONTAINING THE ABOVE INFORMATION, HAS BEEN COPIED TO ALL OF THE ADJOINING OWNERS NOTED OVERLEAF.

SIGNED:

DATE:

CAPACITY - OWNER\*/MANAGER/AGENT\* (PLEASE DELETE AS APPROPRIATE)

In accordance with the conditions of licence, this signed certificate should be **copied and given to all those neighbours with a notifiable interest**, and the original returned to Landlord Registration (HMO), Housing & Neighbourhood Service, 3<sup>rd</sup> Floor, Rothesay House, Glenrothes, KY7 5PQ, within 4 weeks of the issuing of the licence.

