

BEAUMONT LODGE MEDICAL PRACTICE

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Housing Letter Request – Information

(please note that there will be a charge of £25 for a private housing letter with a £10 non-refundable deposit payable on application)

Name:

Date of Birth:

Address:.....

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1. Current Accommodation Type (e.g. house, first floor flat):-
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2. Number of Current Bedrooms.....

3. Reason for Re-housing Request.....

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4. Type of Accommodation Requested (e.g. ground floor flat, bungalow):-

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5. Number of Bedrooms Requested

Signed.....

Date.....

To be completed by Practice Staff

Date Request Received: £10 Deposit Received Yes No Staff Initials