Appendix 2

Alleygates Community Consultation Form

Name of	f Householde	r:			
Address	: :				_
Post Co	de:				
Contact	number(s)				_
Residen	it status: Hom	e owner / Priva	ate rental / NIHE / Hous	sing Association	
If private Owner Con	e rental: Land	lords name:			_
If Housin	ng Associatio	n which one? _			
	/ Owner Auth	norisation			
			agree or object to the e of your home.	e installation of Alleygates onto the e	nds of
l agree [I object □		son/s)	
□ I agre	e to abide by	the requiremer		Agreement Form attached	
	ction to acces			or permanent) that causes an y and I will abide by all current	
		lents affected be of my property		uaranteed free access along the	
□ I agree	e not to leave	black bags or	other containers with ru	ubbish in the alleyway at any time.	
		te with my neig ection and clea		in opening the alleygate for the	
□ I agree	e to ensure as	s far as possibl	e the security of the all	leyway at all times	
authoris		ave access to t		contractors, agents and any other s for the purpose of carrying out	
NOTE:	speak to you	/ them to find		lation of Alleygates in your area we ee so. This may delay or mean	will
Signatu	I re: bwner/Tenant)			Date:	
(riopeity c	witer/renaml)				

It is important you give this form, fully completed, to a member of the Alleygating Consultation Team when they call at your property.

BF2.doc

