Unhealthy housing



General information

Fill out this form if you have a problem with:

- hoarding from a neighbouring propertyrefuse from a neighbouring propertymould in a rental property

Contact details

First name: Required
Surname: Required
Postal address: Required
Daytime telephone number: Required
Mobile number (if different to above):
Email address: Required

Request details

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Concern: (Select one or more options) Required Hoarding Mould Refuse
Location of issue: Required
How does the issue affect you?
When does the issue affect you? Required
Have you taken any measures to rectify this yourself? (Select one option) yes no
If yes to the above, please outline below:
Please upload any photos or relevant information regarding your complaint Required Please attach all files to the end of this form before submitting it.
How would you prefer to be contacted? (Select one option) no response necessary email phone post SMS

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End of form

Don't forget to attach all files before submitting this form

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