

Regulatory Services Application Form

Inspection for an Accommodation Certificate



TRAFFORD
COUNCIL

IMPORTANT: Accuracy is vital for all the answers on this form. If the application is successful, the certificate will be based on the information provided.

Address of the premises to be inspected			
Address line 1			
Address line 2			
Town/City		Postcode	

Owner of the premises to be inspected			
Name			
Address line 1			
Address line 2			
Town/City		Postcode	
Email address		Telephone	

Who should we contact to arrange the inspection?			
Tick this box if we should contact the owner (details above)		<input type="checkbox"/>	or provide details
Name			
Email address		Telephone	

Sponsor (the person making the request for the certificate)			
Tick this box if the sponsor is the owner of the property		<input type="checkbox"/>	or provide details
Name			
Address line 1			
Address line 2			
Town/City		Postcode	
Email address		Telephone	

When you have completed all sections of this form and made your online payment, email this form to public.protection_admin@trafford.gov.uk

Who will be entering the UK to live at the premises to be inspected?

Name	Sex	Date of birth	Relationship to Sponsor

Who are the people already living at the property to be inspected?

Name	Sex	Date of birth	Relationship to Sponsor

You must submit payment at the same time as this form. You should make payment online using a debit or credit

card. www.trafford.gov.uk/pay/environmental-health.aspx

To ensure that your payment is credited to your application, please provide your payment reference.

Online payment reference	
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