



APPLICATION FORM

Coventry City Council Landlord Accreditation Scheme

Landlord Details

Name

Address

Postcode

Telephone

Mobile

Email

I declare that I have read and understood the Code of Management and agree to abide by its conditions.

Signature

Date

Details of membership of any relevant professional associations, e.g. NLA:

Note

Please read the Coventry City Council Landlord Accreditation Scheme Guidance carefully before you make your application. Should you require any advice, please contact the Property Licensing Team on tel: **024 7697 5467** or email **clas@coventry.gov.uk**

Send all forms to: **CLAS, Coventry City Council, PO Box 15, Council House, Coventry CV1 5RR**

