

East Ayrshire Council

Housing Services

Application for Garage Lockup

Mr/Mrs/Miss

First Name (s) Surname

Address

Garage Lock-Up Areas Requested:

Areas	Areas
.....
.....

- | | | |
|---|-----|----|
| 1. Are you the tenant of an East Ayrshire Council House? | YES | NO |
| 2. Do you or any member of your family currently rent a garage lock-up? | YES | NO |
| 3. Is there more than one application from within your household? | YES | NO |

If you answer YES to either question 2 or 3 please give details:

Name

Relationship to applicant

Garage Lock-up area requested

Details of Vehicle to be Garaged:
 If vehicle to be garaged is not owned by applicant please give name and address of owner and relationship to applicant.

Registration Number Make & Model

Name

Address

Relationship to applicant

Signed Date

For Office Use Only

Housing Ref. No (If applicable)

Existing House Area

Applicants lock-up Ref. No.

Processed by Date

Any other comments

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