SPECIAL CONSIDERATIONS RETURN FORM
HOUSING MANAGEMENT VERSION

Please note: the details you provide will only be available to Manor Estates staff and Contractors' appointed by the Association to undertake works at your property.

I, _____

of _____

would like the Association to be aware of the following special considerations: -

_____

_____

_____

Name of carer / relative / support worker acting on my behalf:

_____

Contact Tel No / Address: _____

Please correspond/telephone: ☐ instead of me

☐ in addition to me

☐ for information/emergencies only

Signed:_____Dated:_____

Tel No: _____

FOR OFFICE USE ONLY

Code:

Pop up box added:

Database updated:

Review date (if applicable):