ADDRESS OF PROPERTY
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

NAME___________________________________________________________________________

TELEPHONE (H)_________________(W)_________________(M)_________________________

20 minute cut out devise fitted YES / NO

SIGNED_________________________________________DATE_______________________

If you wish, you may provide us with the name and telephone number of the person(s) who may be contacted should the alarm be activated, overleaf. You are not legally required to provide the Council with this information.

Please return this form to the:

LONDON BOROUGH MERTON
ENVIRONMENTAL HEALTH
CIVIC CENTRE
LONDON ROAD
MORDEN
SM4 5DX