

## **SERVICE REQUEST FORM**

Please use this form to provide information to help us speed your request for service from the Residential Services Team.

Your Name:	
Address:	
Telephone	
Number:	
Mobile Number:	
E-Mail Address:	
My own home	f your of your request/complaint? (please tick)  Someone else's home An empty property
Please give a brief de complaint:	escription of the nature of your request for service/
What is the address of	of the subject property?
The name and address	ss of the landlord/property owner?
Please fill in and retu	rn this form to:
Residential Services Swindon Borough Cou Premier House Station Road Swindon	ncil

Email: residentialservices@swindon.gov.uk

SN1 1TZ

**Data Protection:** All information on this form will be treated in strictest confidence and be used to process your application/enquiry. Information on this form will be held on computer. Details of any grant subsequently awarded as a result of your application will by necessity be declared to Government Departments as part of this Councils Statutory Housing Returns. Such information will be anonymous.