

Reply Form for leaseholders

Case Reference:
Property:

ONLY COMPLETE AND RETURN THIS FORM IF YOU OBJECT TO THE APPLICATION

If you do object please complete and return this form by e-mail to the **applicant**.

	Yes	No
Have you enclosed a statement in response, to explain the reasons for your objection?	<input type="checkbox"/>	<input type="checkbox"/>
Do wish to have an oral hearing? If so, please provide your dates to avoid below.	<input type="checkbox"/>	<input type="checkbox"/>
Name address of any spokesperson or representative appointed for the leaseholder:		

Please also complete the details below:

Date:	
Signature:	
Print Name:	
Address of affected property:	
Your correspondence address (if different):	
Telephone:	
Email:	

If you have requested a hearing, please provide below your essential dates to avoid for 17 November to 19 December 2025.

Dates to avoid:	
------------------------	--