

DUBLIN CITY COUNCIL

Form 1/S (a)

RE: _____
(Address of property)

Please give the following information in respect of the house in which you intend to reside if the above transaction is approved.

Address: _____

No. of Living rooms: _____

No of Bedrooms: _____

Details of owner/ Tenant and Family:

NAME (S)	RELATIONSHIP TO APPLICANT (S)
_____	_____
_____	_____
_____	_____
_____	_____

State what accommodation will be available for your exclusive use:

N.B. I/We understand and accept that the consent of the Dublin City Council if granted, to the sale of the above house, will be subject to the condition that I/We will not, at any time in the future, apply to Dublin City Council for rehousing and accept that the Dublin City Council will not provide future housing for me/us.

DATE: SIGNED:
SIGNED:

KINDLY RETURN COMPLETED FORM TO
DUBLIN CITY COUNCIL
HOUSING & RESIDENTIAL SERVICES,
BLOCK 2, FLOOR 2,
CIVIC OFFICES,
FISHAMBLE STREET,
DUBLIN 8.

IF YOU HAVE ANY QUERIES
PLEASE TELEPHONE:
222 2649/ 222 2553