

REQUEST TO EFFECT MUTUAL EXCHANGE

ADDRESS: NAME:

Please give details of your family

Surname	Christian Names	DOB	Relationship to Tenant

Tenant with whom you wish to effect exchange: -

Name: Address:

If the above dwelling is not owned by West Lancashire District Council, please give the name and address of your landlord.

Landlords name:Address:.....

Please give reasons why exchange is requested:

.....
.....

Home Telephone No:.....

- Notes:
- (1) In the event of the exchange being approved I undertake to occupy the proposed tenancy within seven days of signing the tenancy agreement.
 - (2) I understand that the exchange must not be effected until written notification is received from the Executive Manager Housing Services.
 - (3) I accept the tenancy in its present condition.
 - (4) No expense is to be incurred by West Lancashire District Council by reason of this exchange.
 - (5) I understand that should one party to the exchange not move permanently into the dwelling requested, the facts will be reported to the Councils' Legal Department, who may in appropriate circumstances require the other party or parties to the exchange to move back to their original tenancy.
 - (6) I confirm that I have inspected the dwelling of the party and fully understand that I am responsible for repairs/alterations, which are the tenants responsibility and any redecoration. However, any repairs that the Council as landlords are statutorily responsible for will receive attention.

Tenant's Signature:Date: