

**Borough of .....**

**Register of Temporary Exemption Notices  
Houses in Multiple Occupation**

1. Name and Address of Person having control or Managing the House in Multiple Occupation:
  
2. Address of premises:
  
3. Details of previous Temporary Exemption Notice (if one previously served)
  
4. Steps proposed to be taken by person having Control or Managing the HMO to secure the house is no longer required to be licensed.
  
6. Date Temporary Exemption Notice Served: .....day of... .....200
  
7. Date Notice ceases to have effect: .....day of.....200
  
8. Summary of the effect of the Notice
  
9. Details of matters referred to Residential Property Tribunal or Lands Tribunal:
  
10. Details of decision of Residential Property Tribunal or Lands Tribunal: