## Housing (Scotland) Act 2006

## **House in Multiple Occupation**

## **CERTIFICATE OF COMPLIANCE – CONTACT DETAILS**

I, State Name and Address of Landlord/Agent					
Landlord/Agent of House in Multiple Occupation at:					
State Full Address of Living Accommodation					
Confirm that I have provided emergency contact details for myself and/or my Agent and					
contact details for Glasgow City Council's HMO Unit to all neighbouring residents of the living					
accommodation as detailed below.					
Please detail the addresses only of neighbouring properties of the living accommodation who have been provided					
with emergency contact details and contact details for the HMO Unit.					
Date	o -		Signature:		
Date	<b>.</b>		Signature.		
Please complete this form and return it to your HMO case officer either by post or email within 14 days of your licence coming into effect:					
Post to:					
Glasgow City Council					
HMO Unit					
Second Floor					
231 George Street					
G1 1F	XΧ				
Or email to your Glasgow City Council HMO case officer.					
Furthe	Further copies of this certificate of compliance can be obtained for the above noted address or from the Licensing Section				

website: https://www.glasgow.gov.uk/index.aspx?articleid=17700