LOCAL LAND CHARGES UNIT ONE STOP SHOP

PERSONAL SEARCH REQUEST FORM

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

_____

CONTACT TELEPHONE NO: _____

DATE/TIME OF APPOINTMENT _____
(Office use only)

Please include any questions you require that are FREE or PUBLIC REGISTER information

Address	Questions to be asked	PSN (office use only)

APPLICANTS SIGNATURE_____ **DATE**_____

FOR OFFICE USE ONLY **RECEIPT NO.** _____ **INITIALS**_____

PLEASE FAX THIS FORM BACK TO CALDERDALE LAND CHARGES DEPARTMENT ON 01422 392147 OR EMAIL:
locallandcharges@calderdale.gov.uk