



**SPECIAL CONSIDERATIONS RETURN FORM
PROJECT VERSION**

I, _____ of _____ would like the Association to be aware of the following special considerations: -

Special Considerations: _____

Name of Carer / relative acting on my behalf: _____

Contact Tel No / Address: _____

Please correspond with them on this project instead of me
 in addition to me

Only return the form if you have amended your telephone details or if you want us to be aware of any special needs / considerations that you may have.

Signed: _____ Dated: _____

Tel No: _____

Please note :
The details you provide will only be passed to Contractors' appointed by the Association to undertake works at your property.

Code : _____