

# roman city property management

24 Claverton Buildings Widcombe Bath ba2 4ld

Telephone 01225 332030 Fax 01225 442907

## PROPERTY DETAILS

Rental Address:

Location of stop tap:

Location of boiler (make/model):

Landlord Name and Address:

Landlord email:

Emergency Tel. No.

Monthly Accounts should be sent to:

(If different from the above address)

Bank/Building Society Name & Address:

A/c Name:

A/c No.

Sort Code:

**N.B We will require copies of any up to date EPC, gas, electric, accreditation & licensing certificates (if applicable)**

\*\*\*\*\*

### FORM OF AUTHORITY

I/we fully accept the terms and conditions as stated and confirm that I/we have read and fully understand my/our obligations as outlined in the brief attached hereto.

I/we wish *Roman City Property Management Ltd* to act as our Agent, to manage the property and confirm that this is to commence from the **1st July 2011** onward. Notice to be given by either party as specified in the ***Roman City Property Management Agreement***. Please initial and date each page of the agreement and return both the authorisation and agreement documents to us.

I/we confirm that *Roman City Property Management Ltd* will not be held responsible for any Legal expenses or costs that may arise in connection with the letting of the property however they may arise.

I/we confirm that the property and contents thereof are fully insured to the value thereof and that the property carries property owners liability insurance.

Please state which management service you would like us to provide.

Fully Managed, Part Managed or Let Only: \_\_\_\_\_

**Signed**

**Witnessed by**

**Address**

**Address**

**Date**

**Date**