

# Housing Services Succession Request Form



Would you please consider placing the tenancy of:

Address of property: \_\_\_\_\_

\_\_\_\_\_

In my sole name following the death of my husband/wife/partner /other family member ,  
please specify

Full name (of deceased): \_\_\_\_\_

\_\_\_\_\_

Date of death: \_\_\_\_\_

Copy of death certificate attached

Your full name: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to:

Housing Services  
Council Offices  
Priory Road  
Spalding  
Lincs  
PE11 2XE