Tendring
District Council

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/or other family member, please specify:

Full name (of deceased): _____

_____ _____

Date of death: _____

Copy of death certificate attached

Your full name: _____

Your date of birth: _____

Telephone No (s): _____

E-mail address: _____

Signed: _____ Date: _____

Please send completed form to:

Housing Allocations
Operational Services
88-90 Pier Avenue
Clacton on Sea
Essex CO15 1TN