

Dumfries and Galloway Council
Enabling and Customer Services
Directorate

Application for Let

Customer Service Centre

Applicant's Details (In capitals please)

Telephone No:

Name.....

Email:

Organisation.....

Address.....

Postcode.....

Telephone.....

Email Address.....

I have read and accept the Conditions of Let

Please tick

Signed.....

Date.....

Purpose of Let.....

Accommodation required

Room(s) required	Date(s) required	Time(s) required	Amount Due	Total
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
			hrs @ £ per hr	£
Subtotal				£
Performing Rights				£
Balance Due				£

For Office Use Only

Date Application Received:

Type of Let: Method of Payment:
 Free Cash
 Standard Cheque
 Concession Debit/Credit
 Invoice

Date Payment received:

Staff Initials:

