

**TS9.8/96**

## NOTIFICATION OF COMPLETION OF TENANTS IMPROVEMENTS

(THIS FORM SHOULD BE RETURNED WHEN YOU HAVE COMPLETED THE WORK)

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEL. NO** \_\_\_\_\_

I confirm that work to (describe the work) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

was completed on (date) \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

When complete please return this form to the Tenancy Services Unit at:  
City Hall, Beaumont Fee, Lincoln LN1 1DE or return to your Area Office.

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<p><b>FOR OFFICE USE ONLY</b></p> <p><i>Post Inspected on</i> ..... <i>(date)</i> <i>by</i> .....</p> <p>Satisfactory?      YES/NO</p> <p>If unsatisfactory state action taken/advice given .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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