Estate Management Consent Form				
a) Applicant (Owner or Lessee)			b) Agent (if any)	
Name: Is the applicant a Comember of staff or either? Address: Postcode: Telephone no: Mobile no: Email		simon wilson Yes No 175 Parkway, Welwyn Garden City, AL8 6JA al8 6ja	Name: Address: Postcode: Telephone no: Mobile no: Email	
c) Site Address:				
		iches falling - a child's pl	k garden, which have now become VERY dangerous ay area is underneath. One fell over the weekend and	
e) Have the works already been carried out or started? NO				
f) Has assistance or prior advice been sought from the Council regarding this application?				
Officer Date	N/A			
g) The site is: If Leasehold enter the date of the Lease:	Freehold N/A			
Submitted date:	17/6/2019 02:23:32			