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| --- | --- | --- | --- |
| Include full name and address of Local Authority/Housing Association/Housing Trust - Include email address if sending via email |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |  |

Dear Sir/Madam

**RE: INSERT Service User Name & Address here**

Kent County Council (KCC) have assessed the above named person, residing at the above address, for equipment and/or minor adaptations in order to ensure their independent living. I am writing to request your written permission please as the owner/agent of the above mentioned property to carry out the following Adaptations.

*

The Adaptations will be completed by our County Technician Service at no cost to yourself. We will endeavour to complete these in as safe and practical manner as possible ensuring as little inconvenience as possible to your tenant. As a Health and Safety precaution could you please advise if you are aware of any asbestos within the property, whether you are intending to carry out a survey or have carried out a survey and if so, please provide an up-to-date survey highlighting its whereabouts, with your response. It is KCC’s policy that our employees do not carry out any works on asbestos containing materials, therefore, should asbestos containing materials be present in the property where the proposed works are to be carried out, we will be unable to proceed with any Adaptation and will inform the tenant accordingly.

Please note that KCC will not be responsible for the removal of any Adaptation or making good when Adaptations are no longer required or removed. Uses of Adaptations are at the user’s own risk and KCC will not be responsible for any injury sustained or damage caused in relation to Adaptations. Should an Adaptation become defective in any way it is the responsibility of the person residing at the property and/or the owner/landlord to report this to KCC in order that KCC may consider repairing or replacing the Adaptation.

By signing and returning this letter you confirm that you have understood and are agreeable with the terms under which KCC will be providing the Adaptations and provide your consent for the Adaptations to be made by KCC. Should you wish to discuss this matter further, please do not hesitate to contact me.

Yours faithfully,

Insert Name

Insert Job title

I, the landlord/agent authorised by the landlord, understand and agree with the terms and conditions above. I hereby provide consent to the Adaptations itemised.

Signature of landlord/authorised agent ……………………………………

Date: ……………………