



REQUEST FOR AUTHORISATION TO CARRY OUT ALTERATIONS & IMPROVEMENTS FORM

**Return To:** Housing Services Coordinator, TORC Sustainable Housing, 1 Empress Place, Summerhill North, Cork, T23 N73P

Tenant Name	
Tenant Address:	

**Please advise on the Reason for and the Nature of the works to be carried out. Please include (where applicable) method of construction, dimensions, location (please use more pages if required):**

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**Will you be hiring a contractor to carry out the requested works? Yes / No** *(please circle choice)*

If **YES**, please provide the name and address of the contractor.

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Do you require this Improvement & Alteration to assist with a medical need? **Yes / No**

If **YES**, have you consulted with an Occupational Therapist? **Yes / No**

If **YES**, please **attach a copy** of the Occupational Therapist Report.

Please **attach any additional** supporting documentation as outlined in the Adaptations Request cover letter.

*Please note requests for adaptations will not be considered if there are any rent arrears associated with the property.*

**Signed**..... **Date** .....