

FORM – 009

_____ MUNICIPALITY / CORPORATION

APPLICATION FOR VACANCY REMISSION

File No
(to be generated by CSC)

A. Applicant Particulars:

1. Name of the Applicant	
2. S/o, D/o, W/o.	
3. Postal Address of the Applicant	
4. Contact (Mobile) No.	
5. Door No.	
6. Assessment No.	

B. Vacancy Remission Details:

1. Vacancy remission from date	
2. Vacancy remission to date	
3. Name of the Owner	

C. Enclosures:-

1. Photo showing the vacant premises
2. Electricity Bills for the period for which the claim is made

Applicant Undertaking

I hereby declare that all the information mentioned above is true to my knowledge. In case of any discrepancies I will be held responsible.

Signature of the Applicant

Office Use only

I have verified the application and the enclosures and the application qualifies for further verification.

Name & Signature of the Receiver