

# Resident Profile Pack

Thrive Homes

July 2024

**Issued by:** SHEQ Manager

**Version:** 2

**Date:** 01/03/2023

**Kitchen & Bathroom**

**Contents**

Resident Profile Pack ..... 2

    Resident information ..... 2

    Vulnerabilities ..... 3

    RLO Survey Checklist ..... 4

    Working in partnership with Thrive Homes ..... 5

General Disclaimer ..... 6

    Statement of Understanding ..... 6

Kitchen Colour Choices ..... 7

    Kitchen Cupboards, worktops, handles, and lighting ..... 7

    Walls, flooring, sink, and tap ..... 7

White Goods Inspection ..... 9

Bathroom Colour Choices ..... 10

    Walls, flooring, and lighting ..... 10

Bathroom Sanitary Ware – High Water Pressure Household ..... 11

Bathroom Sanitary Ware – Low Water Pressure Household ..... 12

Bathroom Details ..... 13

Property notes ..... 15

General Property Notes ..... 16

    Entrance to property ..... 16

    Surrounding rooms to working area ..... 16

Disclaimers ..... 18

    Moving possessions disclaimer ..... 18

    Kitchen Appliances disclaimer ..... 18

    Electrical works disclaimer ..... 18

General Disclaimers ..... 19

Notes ..... 20

Refusal of works ..... 21

    Reason(s) ..... 21

Kitchen:	<input type="text"/>	Bathroom:	<input type="text"/>	Wet room:	<input type="text"/>	Shower:	<input type="text"/>	OBS:	<input type="text"/>	CCU:	<input type="text"/>
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## Resident Profile Pack

### Resident information

#### Personal details

Resident name:	<input type="text"/>											
Address:	<input type="text"/>											
	<input type="text"/>											
									Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>							Mobile:	<input type="text"/>			
Email address:	<input type="text"/>											
Resident happy to be contacted and updated by email?								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date of visit:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

#### Property details

Flat:	<input type="text"/>	House:	<input type="text"/>	Bungalow:	<input type="text"/>	Maisonette:	<input type="text"/>	Bed Sit:	<input type="text"/>
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Number of occupants:	<input type="text"/>	Number of bedrooms:	<input type="text"/>
Number of residents under 18:	<input type="text"/>		
Number of pets:	<input type="text"/>		

#### Timings

Access times:	Between 8:00am – 5:00pm Monday to Friday										
School run times:	AM:	<input type="text"/>	PM:	<input type="text"/>							
Holiday dates:	<input type="text"/>										
Keys left:	<input type="text"/>										

#### Works details

Works start date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7-day letter sent:	<input type="text"/>										
48-hour call made:	<input type="text"/>										

#### Initial photos

Photos take of CCU, Smoke/Heat Alarms and Hallway access routes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## Vulnerabilities

### Medical issues

Hearing problems:	Deaf:	<input type="checkbox"/>	Hearing aid used:	<input type="checkbox"/>
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Breathing:	COPD:	<input type="checkbox"/>	Asthma:	<input type="checkbox"/>
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Other illness(s):	<input type="text"/>
	<input type="text"/>

### Medical equipment

Medical devices that must be maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Oxygen:	<input type="checkbox"/>	Refrigerated medication:	<input type="checkbox"/>	Other:	<input type="text"/>
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### Sharps

Sharp objects in the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Diabetes:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type 1 Insulin:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type 2 Insulin:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Disabilities

Any disabilities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will works impact the disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, how can this be avoided?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

### Other health concerns

Are there any health concerns that you would like to make PiLON aware of while the works are being carried out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------	-----	--------------------------	----	--------------------------

If yes, please advise of any precautionary steps you would like PiLON to take whilst works are being undertaken?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**Please note:** We will be working in your property over twelve consecutive working days, however there may not be operatives in your home consistently throughout the works. Operatives may attend any time during the day from 8am-5pm and not necessarily at 8am. We are unable to confirm appointment times but our RLOs will call or visit you each morning to provide an update and whether to expect someone either AM or PM. Should you have any queries on the day, please contact your RLO.

<input type="text"/>	<input type="text"/>
Resident signature (above):	Date (above):

## RLO Survey Checklist

<b>Introductions</b>	✓
Show ID badges	
Team introductions	
<b>Explain the survey</b>	
Introduce survey team	
Explain what the survey covers and how it is carried out	
<b>Overview of the works</b>	
Explain the work	
Explain the kitchen/bathroom choices and cooling off period from today's date (5 days)	
Explain all trades should display ID when on site	
Include explanation of discreet trunking if required	
Explain clear access will be required for all rooms in the property as a full electrical test will be carried out	
Explain timescales and times where there may be gaps in between the works	
Explain what could possibly cause delays (plaster drying, latex drying etc.)	
Explain the levels of disruption to everyday living and services	
Moving personal possessions from areas of work	
The need to cover / protect personal belongings	
Explain children under 18 years cannot be left alone when workmen are working	
Explain any pets must be kept away from the work area	
<b>Always confirm the following:</b>	
Any changes must be made within 5 days from today	
Clear the working areas by the day work starts	
Correspondence and phone call will be made to confirm start date (7-day letter and 48-hour phone call)	

Resident signature (above):	Date (above):

## Working in partnership with Thrive Homes

### Health and Safety Induction

Please be aware of hazards and any associated precautions whilst work is in progress:

1. Live exposed wires may cause electrocution
2. Trip Hazards – debris, materials, packaging, cables, trailing leads
3. Falls from heights, climbing ladders, work platforms
4. Do not disturb stacked materials as these may become unstable
5. Do not touch power tools
6. Hazardous materials, sealants, plaster, adhesives etc.
7. Generally, noise and dust will be generated
8. Ensure children and pets are kept away from the works
9. Be aware of excavation works for Access improvements
10. Ensure usual fire escape routes are kept clear.

General awareness of your personal safety during our works is required. Check your home prior to workmen leaving at the end of each day. Should you have any concerns regarding your safety please contact your Liaison Officer promptly.

If we have to carry out any other works which require barriers/cordoned off areas, please do not move these safety precautions.

Induction carried out by:	
	(PiLON Limited Liaison Officer)

I confirm that I have received the induction and I am aware of the need for all members of my household to comply with the stated requirements.

Name:			
Address:			
		Postcode:	

Resident signature (above):	Date (above):

## General Disclaimer

I/we agree that any item left in the kitchen/bathroom not removed prior to the works as discussed at time of survey will be disposed of by PiLON and no claim or replacement will be made.

Kitchen	
Shelf	
Racks	
Blind(s)	
Other	
Bathroom	
Toilet roll holder	
Towel rail(s)	
Bathroom cabinet	
Blind(s)	
Shower	
Bathmats	
Other	

In the case of being unable to remove due to being infirm, elderly, or disabled PiLON will remove the original fixtures and fittings from my kitchen and put back at the end of the refurbishment period.

Kitchen	
Shelf	
Racks	
Blind(s)	
Other	
Bathroom	
Toilet roll holder	
Towel rail(s)	
Bathroom cabinet	
Blind(s)	
Shower	
Bathmats	
Other	

## Statement of Understanding

Resident signature (above):	Date (above):

Signed in the presence of:

PiLON RLO/Site Manager signature (above):	Date (above):

## Kitchen Colour Choices

Kitchen Cupboards, worktops, handles, and lighting

### Kitchen Cupboard Units



Howdens  
Greenwich Gloss White



Howdens  
Greenwich Gloss Slate Grey



Howdens  
Greenwich Gloss Sandstone

### Worktops



Howdens  
Onyx Blackstone Effect



Howdens  
Lunar Stone Effect



Howdens  
Grey Oak Effect

### Handle



Howdens Slimline Bar

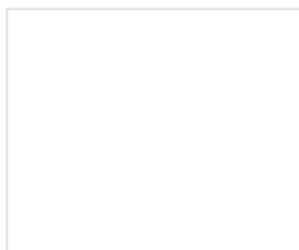
### Lighting



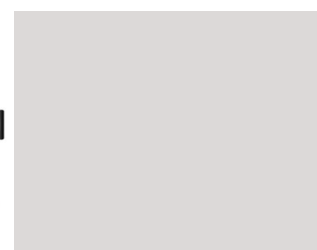
Ansell Lighting Topline EVO CCT Multi Wattage

## Walls, flooring, sink, and tap

### Wall Colour



Crown Trade Clean Extreme Mould Inhibiting  
Scrubbable Matt White



Crown Trade Clean Extreme Mould Inhibiting  
Scrubbable Matt Spotlight



**Wall tiles**



Matrix Diamond White Gloss Tile with  
Mapei Ultracolor Plus Medium Grey Grout

**Flooring**



Polyflor Designatex PUR Smokehouse  
Herringbone Vinyl Sheet

**Sink**



Franke Bell Single Bowl Inset Stainless Steel

**Tap**



Bristan Cashew Easy Fit Sink Mixer

**Please note:** Due to the limitations of the printing process, some of the images shown may not be representative of the true product colours. Tenants have **5 days** only from initial selection to make alterations to any colour choices.

Are there any sockets currently being used which need to remain?

Yes

No




**PLEASE NOTE:**

Wall tile spec above the cooker space will be ceiling height.

Fan installed will be condensation controlled, the switch will be permanently on but will turn itself off when required.

Resident name (print):	
Resident signature confirming colour and material choices:	
Date:	

## White Goods Inspection

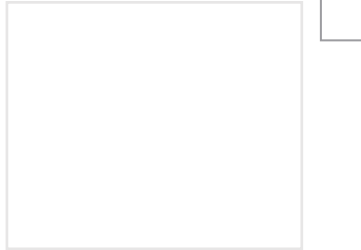
<b>Washing Machine</b>		<b>Cooker</b>		
	Make:			
	Model:			
	Age:			
	Condition (tick below):			
	GD	OK	PC	
	Show damage / marks on picture			
<b>Fridge Freezer</b>		<b>Dish Washer</b>		
	Make:			
	Model:			
	Age:			
	Condition (tick below):			
	GD	OK	PC	
	Show damage / marks on picture			
<b>Tumble Dryer</b>		<b>Under Counter Fridge</b>		
	Make:			
	Model:			
	Age:			
	Condition (tick below):			
	GD	OK	PC	
	Show damage / marks on picture			
<b>Under Counter Freezer</b>		<b>Microwave</b>		
	Make:			
	Model:			
	Age:			
	Condition (tick below):			
	GD	OK	PC	
	Show damage / marks on picture			

Resident signature:	
Date:	

## Bathroom Colour Choices

### Walls, flooring, and lighting

#### Wall Colour



Crown Trade Clean Extreme Mould Inhibiting  
Scrubbable Matt White



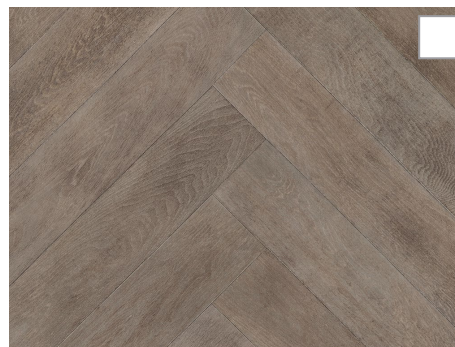
Crown Trade Clean Extreme Mould Inhibiting  
Scrubbable Matt Spotlight

#### Wall tiles



Matrix Diamond White Gloss Tile  
with Mapei Ultracolor Plus Medium  
Grey Grout

#### Flooring



Polyflor Designatex PUR  
Smokehouse Herringbone Vinyl  
Sheet

#### Lighting



Ansell Disco CCT2

**Please note:** Due to the limitations of the printing process, some of the images shown may not be representative of the true product colours. Tenants have **5 days** only from initial selection to make alterations to any colour choices.

Are there any sockets currently being used which need to remain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**PLEASE NOTE:**

Fan installed will be condensation controlled, the switch will be permanently on but will turn itself off when required.

Resident name (print):	
Resident signature confirming colour and material choices:	
Date:	

**Bathroom Sanitary Ware – High Water Pressure Household**

	
<p>Twyford Option Washbasin 550×450, 1 Tap</p>	<p>Bristan Frenzy Basin Mixer with Clicker Waste</p>
	
<p>Twyford Celtic Bath 1700/1600/1500 Bath, 2 Tap, Slip Resist, Including Grips</p>	<p>Bristan Design Utility Lever Thermostatic TMV2 Bath Shower Mixer with Bristan Round Clicker Bath Waste Slotted</p>
	
<p>Bristan Shower Kit with Rub Clean Handset &amp; 2m hose</p>	<p>Scudo S6 Radius Edge Bath Screen</p>
	
<p>Tavistock Meridian Bath Panel White</p>	<p>Twyford Option Close Coupled Toilet (Push Button Cistern)</p>

**Please note:** Due to the limitations of the printing process, some of the images shown may not be representative of the true product colours. Tenants have **5 days** only from initial selection to make alterations to any colour choices.

Resident name (print):	
Resident signature:	
Date:	

**Bathroom Sanitary Ware – Low Water Pressure Household**

	
<p>Twyford Option Washbasin 550×450, 2 Tap, No Chainstay Hole</p>	<p>Bristan Frenzy Basin Taps with Bristan Round Clicker Basin Waste Slotted</p>
	
<p>Twyford Celtic Bath 1700/1600/1500 Bath, 2 Tap, Slip Resist, Including Grips</p>	<p>Bristan Frenzy Bath Filler with Bristan Round Clicker Bath Waste Slotted</p>
	
<p>Mira Advance Flex 8.7kW (Electric Shower)</p>	<p>Scudo S6 Radius Edge Bath Screen</p>
	
<p>Tavistock Meridian Bath Panel White</p>	<p>Twyford Option Close Coupled Toilet (Push Button Cistern)</p>

**Please note:** Due to the limitations of the printing process, some of the images shown may not be representative of the true product colours. Tenants have **5 days** only from initial selection to make alterations to any colour choices.

Resident name (print):	
Resident signature:	
Date:	

## Bathroom Details

### Tiling work

Is the bathroom fully tiled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there wallpaper on the walls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Measurements

Bathroom measurements	<input type="text"/>	×	<input type="text"/>
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### Type

Normal Bathroom	<input type="checkbox"/>	Separate WC	<input type="checkbox"/>
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### Bath size

1500mm	<input type="checkbox"/>	1600mm	<input type="checkbox"/>	1700mm	<input type="checkbox"/>
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### Turn Bath

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### End panel required?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### WC Pan

Low Pan	<input type="checkbox"/>	Close Couple	<input type="checkbox"/>
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### Basin

Standard	<input type="checkbox"/>	With pedestal	<input type="checkbox"/>
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### Taps

Lever	<input type="checkbox"/>
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### Shower

Mixer	<input type="checkbox"/>	Electric	<input type="checkbox"/>
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### Shower Rail

L-Shaped	<input type="checkbox"/>	Straight	<input type="checkbox"/>
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### Demolish/rip out

Ceramics	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Floor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Plastering required**

Board/Skim Ceiling	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Plaster walls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Board/Skim Walls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Resident understanding**

Does the resident understand that only the shower area and three associated walls will be tiled as part of our works?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Resident signature (above):	Date (above):

**Property notes**

<b>Stop Cock</b>

<b>Gas Meter</b>

<b>Electric Meter</b>

Kitchen door to be decorated both sides (opening inwards)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bathroom door to be decorated both sides (opening inwards)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Resident to remove appliance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Resident signature (above):	Date (above):



## General Property Notes

Is there any wallpaper on the walls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Take pictures of any marks / damage to the following areas surrounding the work area.

### Entrance to property

Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>				

### Surrounding rooms to working area

#### Lounge

Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>				

#### Dining Room

Please specify:										
Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>				

#### Bedroom One

Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>				

#### Bedroom Two

Please specify:										
Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>				

**Bedroom Three**

Please specify:											
Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>					
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>					

**Bedroom Four**

Please specify:											
Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>					
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>					

**Cloakroom**

Please specify											
Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>					
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>					

**Stairs and Landing (if applicable)**

Not applicable:		<input type="checkbox"/>								
Floor:	Carpet	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	No floor covering	<input type="checkbox"/>	Other	<input type="checkbox"/>
Walls:	Wallpaper	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Ceiling:	Painted	<input type="checkbox"/>	Prepared	<input type="checkbox"/>	Tiles	<input type="checkbox"/>				

Pictures taken of damage/marks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Resident signature (above):	Date (above):

## Disclaimers

### Moving possessions disclaimer

We require for the working areas to be cleared of all personal possessions but we are able to provide assistance if you are unable to do so. **Please note, we cannot be held responsible for any loss or damage caused during this process and strongly recommend you advise your Contents Insurance company that you are having works to your home.** Please also remove any breakable, sentimental value items and expensive items out of the way of our workmen.

### Kitchen Appliances disclaimer

We do require any white goods to be removed from the working areas but we are able to provide assistance if you are unable to do so. **Please note, we will not be held responsible for any damage that may occur whilst moving these appliances before and after the works.** Residents understand that if my gas appliance fails a sound test, this will be disconnected. The resident will be responsible for any repair needed to any damaged appliance or if a replacement is required.

### Electrical works disclaimer

I understand that a new electrical power supply may need to be run from the current CCU (fuse board) to my kitchen/bathroom. I confirm the process for carrying out this electrical work has been fully explained to me.

**New wiring to be encased in white mini trunking which will be mounted to walls/ceilings.**

### PLEASE READ THE FOLLOWING NOTES

All personal and delicate belongings must be stored away safely. Boxes can be provided if required. All furniture should be moved away from the work area. No decoration works will be carried out as a result of the electrical works.

Due to the nature of the work involved, it is inevitable that some inconvenience will be caused. We apologise for this but must stress that every effort will be made to keep the disruption at a minimum.

The required electrical work has been discussed with me in detail and I confirm that I am happy for the electrical works to go ahead as agreed above.

Resident signature (above):	Date (above):

Signed in the presence of:

PiLON RLO/Site Manager signature (above):	Date (above):

## General Disclaimers

I, the Resident understand PiLON LTD operatives cannot be held responsible for any damage or loss when moving my possessions or appliances. By signing this disclaimer, I understand PiLON LTD operatives will not be held liable for any loss or damage.	✓
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I, the Resident give full permission to PiLON LTD operatives to use water and electricity where necessary to carry out the works to my property. Electricity may be used to charge power tools used to carry out the works.	✓
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I,

Resident name:	
----------------	--

confirm I am the legal tenant of

Address:	
	Postcode:

and PiLON's Resident Liaison Officer (RLO)

RLO name:	
-----------	--

has gone through the following forms with me and explained their contents. I have read the completed forms before signing this document.

- Colour and material choices
- White goods inspection
- General property notes
- Disclaimers
- General disclaimers

I confirm that I am signing in agreement with the contents of the said forms and the colours/materials for my new kitchen/bathroom have been chosen by me.

Resident signature (above):	Date (above):



## Refusal of works

The Resident at the below address confirms they **do not** wish the works to be carried out to the:

Kitchen	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>
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at:

Address:			
		Postcode:	

by PiLON Ltd, because:

### Reason(s)

Happy with current design:	<input type="checkbox"/>
Inconvenient vulnerable / health:	<input type="checkbox"/>
Inconvenient disturbance:	<input type="checkbox"/>
Recently renewed (current resident):	<input type="checkbox"/>
Recently renewed (prior resident):	<input type="checkbox"/>
Other (detail below):	

Resident signature (above):	Date (above):