

YOUR VOICE REGISTRATION FORM

Name: _____ Address: _____

_____ Postcode: _____

Date of Birth: _____ Telephone number: _____

E-mail address: _____

I am a (please tick)

Tenant Sharing owner

What issues would you like to be consulted about? Please tick all the boxes you are interested in.

Issue	Yes/no	Issue	Yes/no
Housing Management			
All Issues		Tenant participation	
Rent Setting		Estate management	
Collecting rents		Garage management	
Allocations		Property management	
Repairs & Maintenance			
All issues		Day-to-day repairs	
Cyclical Maintenance		Planned Major Repairs	
Improvements		Performance Standards	
Grounds Maintenance			
Customer Care			
All Issues		How we communicate with you.	
Complaints Panel		Resident Involvement	
Development			
All Issues			
Other – please state			

How would you like to be involved?

We understand that people like to be involved in different ways, and that a particular method – for example, focus groups – may not suit you. Please tick the method that most suits you:

Postal questionnaire Telephone call

E-mail questionnaire Focus group

Tenants' Association Home visit