
GORDON ROBINSON PROPERTY SALES

94 MAIN STREET

LISNASKEA

Email: heather@gordonrobinsonproperty.com

RENTAL DETAILS

Date:

Name:

Landline:

Mobile:

Address: (PRIVATE / RENTAL)

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How many will be renting the property:

Adults: Children:

Are you renting presently:

How long at this address:

Landlord's (Name):

Landlord's Phone No:

Landline (compulsory):

Mobile:

Do you have pets:

How many pets (indoor/outdoor)

Do you smoke:

What location would you consider for a rental:

Town/village:

Rural:

Lease: 12 months

Deposit: stated at time of lease and lodged in the NI Deposit Scheme

The Deposit will only be returned if the tenant stays the full term and the property is left in good repair.

The Deposit is not used as a final month's rent

References & ID required

REFERENCES

Address of Landlord

Address of Employer

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Phone Number:

Property Client has an interest in:

Rent:

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Deposit:

References Supplied: YES / NO

ID supplied: YES / NO

DETAILS WILL BE HELD FOR 3 MONTHS