

2.Name/Address\_

3.Name/Address\_\_\_\_\_

Signature\_

## **HAYMAC Access To Adjoining Property & Shared Boundary** Permission Form.

	HAYMAC CLIENT	ADJOINING PROPERY & SHARED BOUNDARY NEIGHBOUR
	Name:	Name:
	Address:	Address:
	Post Code:	Post Code:
	Contact Tel:	Contact Tel:
	Contact Email:	Contact Email:
	Date:	Date:
It is the form on to	not be completed, your work will still proceed but should an their property, the work may not be able to be completed a To allow your new fence or gate to be installed, replaced, c site from both sides of the boundary line.	with this signed form prior to works commencing. Should this adjoining property owner, or their Tenant, not allow HAYMAC and you will be charged for any aborted work costs.  To repaired in your garden, we may need to access the installation work from both sides of the boundary line. Also, to grant access to
<ol> <li>the work site, when required, for the delivery of materials and plant necessary to complete the works from the adjoining property.</li> <li>By signing this form, any adjoining property owner, or their Tenant, grant their permission for HAYMAC staff to work from their side of the boundary when necessary to install/replace or repair the shared boundary fencing or gate.</li> <li>Signing this form confirms acceptance for the works to proceed as defined in the scope of works section of this quotation. Please advise your neighbour of the full scope of works to be undertaken by showing them a copy of the scope of works section of this quotation.</li> <li>Please show your neighbour who you share the boundary fence with a copy of the HAYMAC Generic Installation Information to confirm they agree to its contents.</li> <li>Please ensure your dog, or dogs, are kept away from our staff during the time we are at your property to ensure the safety or</li> </ol>		
Sig	our staff. We may need to leave gates open to aid with the responsible for your dog's safety.  ned in agreement to items 1 through 6.	
HAYMAC Customer Name/Signature		Date
Adj	oining Property Owner or Their Tenant Sign Off Section	n.
1.Name/Address		

Please return a signed copy of this form to HAYMAC by email to office@HAYMAC.org prior to works commencing or confirm by email or telephone that a signed copy of this form will be available on the day works commence.

\_\_\_\_\_\_ Date\_\_\_\_\_

\_\_\_ Date\_\_\_

Date\_\_\_