



TOTAL POLICING

**Consultation Document for a Premises Closure Notice
Anti-social Behaviour, Crime and Policing Act 2014 - Part 4, Chapter 3**

Details of premises			
Address:			
Status of premises	Local Authority Tenancy <input type="checkbox"/>	Registered Social Landlord <input type="checkbox"/>	Owner occupied <input type="checkbox"/>
	Local Authority Leaseholder <input type="checkbox"/>	Private Landlord <input type="checkbox"/>	Business <input type="checkbox"/>
	Not known <input type="checkbox"/>		

Landlord / Management / Owner / Person with interest in property			
1.	Name:		Telephone No.:
	Address:		
2.	Name:		Telephone No.:
	Address:		
Have the persons above been informed of the intention to issue a Closure Notice at their address			Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of known occupiers - continue on separate sheet if necessary			
1.	Name:		Date of Birth:
	Gender:		Ethnic origin:
Are there any vulnerability or health issues or any dependent children? Is the person known to social services? If 'yes' please give details			
2.	Name:		Date of Birth:
	Gender:		Ethnic origin:
Are there any vulnerability or health issues or any dependent children? Is the person known to social services? If 'yes' please give details			
3.	Name:		Date of Birth:
	Gender:		Ethnic origin:
Are there any vulnerability or health issues or any dependent children? Is the person known to social services? If 'yes' please give details			
Have the persons above been informed of the intention to issue a Closure Notice at their address			Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of persons consulted			
1.	Name:		Telephone No.:
	Organisation/role:		Date consulted:
	Address:		
2.	Name:		Telephone No.:
	Organisation/role:		Date consulted:
	Address:		
3.	Name:		Telephone No.:
	Organisation/role:		Date consulted:
	Address:		
Provide details of any other action taken by partner agencies to deal with the issues at this address			
<p>Is there reasonable grounds to be satisfied that that the use of premises has resulted, or (if the notice is not issued) is likely soon to result, in nuisance to members of the public; OR</p> <p>That there has been, or (if the notice is not issued) is likely soon to be, disorder near those premises associated with the use of those premises; AND</p> <p>That the notice is necessary to prevent the nuisance or disorder from continuing, recurring or occurring.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
If 'yes' - give brief summary of details / evidence			
After consultation, is there agreement for a Closure Notice to be served?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
If 'no' - give brief summary of objections and alternative options			
Lead Police Officer			
Name/Rank:			
Signature:			Date:
Details of officer completing - if not lead officer			
Name/Rank:			
Signature:			Date:

FOIA Disclosure