FOI Ref

11977

(CCC) HMO Register with UPRN

Please provide your HMO in excel format including the UPRN for each property. Record to include:

- 1. the address of the licensed HMO or house;
- 2. the number of rooms in the licensed HMO providing sleeping
- accommodation;
- 3. the maximum number of persons or households permitted to occupy the licensed HMO under the conditions of the licence;
- 4. the name and address of the licence holder;
- 5. the date of the licence
- 6. the date of the expiry of the licence
- 7. the Unique Property Reference Number (UPRN).

Response

Copy of current HMO Register attached

We aim to provide a high-quality service to you and hope that you are satisfied with this response. If you have any further questions, please do not hesitate to contact us.

Further queries on this matter should be directed to <u>foi@cambridge.gov.uk</u>