

Dispensation request form

You should give full details below in support of your application for a dispensation. If you need help completing the form please contact the parish clerk.

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| Your name | |
| The business for which you require a dispensation (refer to agenda item number) | |
| Details of your interest in that business <i>(continue on a separate sheet if necessary)</i> | |
| Date of meeting or time period (up to 1 years) for which you are seeking a dispensation | |
| Tick one of the following <input type="checkbox"/> I require a dispensation to participate, or participate further, in any discussion of the business, or <input type="checkbox"/> I require a dispensation to participate in any vote, or further vote , taken on that business | |
| Reason(s) for requiring a dispensation Tick one or more of the following boxes relating to paragraphs from S.33 of the Localism Act: <input type="checkbox"/> 33a) without the dispensation the number of persons unable to participate in the transaction of business would be so great as to impede the transaction of the business; <input type="checkbox"/> 33b) without the dispensation the representation of different political groups would be affected so as to alter the likely outcome of any vote; <input type="checkbox"/> 33c) the dispensation is in the interests of persons living in the authority's area; <input type="checkbox"/> 33e) that it is otherwise appropriate to grant a dispensation Reason: | |

Signed: _____ Date: _____

DECISION:

Dispensation granted: YES / NO

Length of dispensation:

Date:

Minute Number:

Signed : Clerk to the Council