

DISPENSATION REQUEST FORM

Please give full details of the following in support of your application for a dispensation. If you need any help completing this form please contact the parish clerk.

Your name	
The business for which you require a dispensation (refer to agenda item number if appropriate)	
Details of your interest in that business	
Date of meeting or time period (up to 4 years) for which dispensation is sought	
Dispensation requested to participate, or participate further, in any discussion of that business by that body	Yes / No
Dispensation requested to participate in any vote, or further vote, taken on that business by that body	Yes / No
REASON(S) FOR DISPENSATION	
33 a) 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	
33b) without the dispensation the representation of different political groups would be affected so as to alter the likely outcome of any vote	
33c) the dispensation is in the interests of persons living in the authority's area	
33e) that it is otherwise appropriate to grant a dispensation Reason :	

Signed: _____ Dated: _____

DECISION :	
Dispensation Given : YES / NO	LENGTH OF DISPENSATION :
Date:	Minute Number:
Signed : Clerk to the Council	