

## 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 council business/matter for which you require a dispensation (refer to agenda item number if appropriate)  |          |
| Details of your interest in that council business/matter   |          |
| 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 council business/matter by that body  | Yes / No |
| Dispensation requested to participate in any vote, or further vote, taken on that council business/matter by that body   | Yes / No |
| <b>REASON(S) FOR DISPENSATION</b>  |          |
| 33 a) without the dispensation the number of persons unable to participate in the transaction of council business/matter would be so great as to impede the transaction of the council business/matter |          |
| 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: \_\_\_\_\_

|                                     |                                |
|-------------------------------------|--------------------------------|
| <b>DECISION :</b>                   |                                |
| Dispensation Given : YES / NO       | LENGTH OF DISPENSATION : ..... |
| Date: .....                         | Minute Number: .....           |
| Signed : ..... Clerk to the Council |                                |