**ASHWICK PARISH COUNCIL**

**PARISH COUNCIL DISPENSATION REQUEST FORM**

|  |  |
| --- | --- |
| 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 |
| Full reasons why you consider a dispensation is necessary (use a continuation sheet if necessary) |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give your completed form to the parish clerk. You will receive written notification of the parish council’s decision within 5 working days of the decision.**