

Department for Communities and Local Government
LOCALISM ACT 2011

APPLICATION FOR A DISPENSATION
HAXBY TOWN COUNCIL

I (name of councillor)..... hereby apply to Haxby Town Council for a dispensation.

Please indicate the type of interest that you have:

Disclosable Pecuniary Interest:

Other Interest:

Please describe the nature of your interest:

Please indicate whether this dispensation is for you to participate in a discussion only or, in discussion and with a vote:

Discussion only:

Discussion and Vote:

Please indicate the period of time that you would like the dispensation for (not exceeding four years):

Please explain the reason(s) why you are seeking the dispensation:

Signed:

Print name:

Date of application:

Please submit this form to the Clerk to Council at least 2 days prior to the council meeting

DECISION:

Dispensation given: YES / NO	Length of Dispensation:
Date:	Minute Number:
Signed:	Clerk to the Council