**DISPENSATION REQUEST FORM**

Please provide full details in support of your application for a dispensation. You should refer to the accompanying ‘Dispensations Guidance’. If you need any help completing this form, please contact the Clerk.

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| Your Name: |  | Date of meeting: |  / /  |
| Duration of dispensation (Meeting or Duration) requested:Note: The duration may last up to (but not exceeding) four (4) years |  |
| Please provide a detailed description and nature of the disclosable pecuniary interest or other interest to which the request for this dispensation relates. If this relates only to a specific meeting, please include the relevant agenda item number. |
|  |
| Do you request to participate in the meeting discussion only or discussion and subsequent vote? Please remember your dispensation will be noted on the minutes of the meeting. |
|  |
| Please provide an explanation as to why you are seeking dispensation  |
| Signed: |  | Dated:  |  |

**Once complete please return to the Clerk of the Council 3 days prior to the meeting. This form will be kept with you Interests Record.**

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| For Clerk use only – Details of dispensation approved  |
| Signed: |  | Dated:  |  |