



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.

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 your Interests Record.

For Clerk use only – Details of dispensation approved

Signed:		Dated:	
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