

## Member / Town & Parish Representative Surgery Request Form

Please submit the completed form at least two working days prior to the requested Member / Town & Parish Surgery date.

<b>Name of Requester</b>			
<b>Any Additional Members/Town &amp; Parish Representatives</b>			
<b>Committee Area</b>  (North, Central, South, East, West,)			
<b>Requested Surgery Appointment Date and Time*</b> (*from advertised list)			
<b>Planning Application Number / Site Address</b>			
Development Management: <input type="checkbox"/>	Planning Enforcement: <input type="checkbox"/>	Planning Policy: <input type="checkbox"/>	Other: _____
<b>Points of Discussion:</b>			
<ol style="list-style-type: none"> <li>1. [insert/delete as required]</li> <li>2. [insert/delete as required]</li> <li>3. [insert/delete as required]</li> </ol>			

*All areas of the form are compulsory.*