

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.

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

All areas of the form are compulsory.