

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 | | The Ivers Parish Council | |
| Any Additional Members/Town & Parish Representatives | | | |
| Committee Area (North, Central, South, East, West,) | | South | |
| 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: | | | |
| <div style="margin-bottom: 10px;">1. [insert/delete as required]</div> <div style="margin-bottom: 10px;">2. [insert/delete as required]</div> <div style="margin-bottom: 10px;">3. [insert/delete as required]</div> | | | |

All areas of the form are compulsory.