**APPLICATION FOR CO-OPTION**

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| Name of Council | Boynton Parish Council |
| Candidate’s name (as it appears on the Electoral Roll) |  |
| Address |  |
| Electoral Roll number |  |
| If not on the Electoral Roll, explain the qualification criterion on which you are relying to seek co-option, those are: |  |
| A Principal area of work is in the parish (give details) |  |
| B Have resided in the parish for the whole of the preceding twelve months (provide details) |  |
| C Have resided within three miles of the parish for the whole of the preceding twelve months (provide address of residence) |  |

Please attach a statement of no more than 500 words, why you would like to join the Council and what you can bring to the Parish (please use table one, on the Co-option procedure as reference).

Declaration

I confirm that I wish to be considered for co-option to the above named council and declare that the information given by me above is true.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_