PARISH ALLOTMENT—APPLICATION FORM

Please return completed form	to the Clerk to the Council at the	e below address.	
FULL NAME (incl. title):			
ADDRESS:			
POSTCODE:			
HOME TEL NO:	MO	BILE TEL NO:	
Vehicles that will be used to ac		COLOLIB	DECISTRATION
MAKE	MODEL	COLOUR	REGISTRATION
Please confirm how you woul	d like to receive the allotment g	ate code: TEXT MESSAGE EMAIL POST	
Please confirm which allotmen The parish council will allow ce	vord (min 6 characters – mix of l t plot you would prefer: rtain items on each plot without tails of any other requests you h	t the need for written permissic	on (please see tenancy
passed on to third parties for c Association so that they may co accordance with the Data Prot body but where appropriate w use this data in connection wit	T information you provide to us for ommercial purposes. Your controlled you regarding allotment rection Act 1998. The Council will use such information in carrying the prevention or detection of	act information may be passed matters. Your personal informa Il not disclose such information ng out its various functions and	to Bardney Allotment tion will be held and used in to any unauthorised person or
	he terms & conditions of the Allossociation for them to be able to		
Signed			
Date			