

CALL-IN REQUEST

Decision No: Decision Title:
.....
.....

Reasons for Making the Call-in:
.....
.....*

The alternative proposal is:
.....
.....*

* Please continue on separate sheet if required

In order to register a request for the above decision to be called-in please complete the form below: I am (*Please tick the appropriate box)

an elected Councillor, who is not a member of the Cabinet, who has the support of another non-cabinet member identified by name and signature overleaf; or

a Voluntary Group with an interest in the Borough; or

a local business situated in the Borough; or

a resident of the Borough, who has the support of 9 other local residents whose names and signatures are listed overleaf.

Name:

Daytime Tel No: Evening Tel No:

email address:.....

Address:.....
.....
.....
.....

Would you like to make a statement or representation in respect of your objection

Yes No

Date of request

Signature of objectors

Name (IN BLOCK CAPITALS)

Address (IN BLOCK CAPITALS)

1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....
6. ....	.....	.....
7. ....	.....	.....
8. ....	.....	.....
9. ....	.....	.....
10. ....	.....	.....



To be completed by Chair/Vice Chair of Overview and Scrutiny Committee only

Call-in Accepted Call-in Refused

Reasons for refusal:
.....
.....

Signature of Chair/Vice Chair of
Overview and Scrutiny Committee:.....

Date:.....