

THURROCK **COUNCIL**

Decision No:

Decision Title:

Reason for making the Call-in*:

The Alternative Proposal is*:

**Please continue on separate sheet if required.*

I am/ We are:

- An individual Member whose ward is particularly affected by the decision,
- The Chair of the relevant overview and scrutiny committee,
- Any two members of the relevant overview and scrutiny committee,
- Any three non-executive members of the Council,
- A voluntary group with interest in the Thurrock Council area,
- A local business situated in the Thurrock Council area (except in relation to decisions relating to procurement of goods and services)
- 10 Members of the public, working or studying within the Thurrock Council area.

Please return this form to Democratic Services, Thurrock Council, Civic Offices, New Road, Grays, Essex RM17 6SL

THURROCK **COUNCIL**

Name:

Daytime Telephone 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 Objector	Name (in Block Capitals)	Address (in Block Capitals)
1			
2			
3			
4			
5			
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7			
8			
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10			

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