

REQUEST FOR A SCRUTINY REVIEW BY MEMBERS OF THE COMMUNITY

I would like to register a request for the following matter to be reviewed:

Subject *

.....

.....

.....

Reason for review:*

.....

.....

.....

.....

* Please continue on separate sheet if required

I am *(please tick the appropriate box):*

- 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 <i>(print):</i>	Signature:
Daytime Tel No.	E-mail address:
Evening Tel No.	Fax No.

Address:

Would you like to make a statement to the Council's Overview and Scrutiny Committee in support of your scrutiny request?

Yes

No

Date of request:

Support for this review request

	Signatures in support of review request	Name (IN BLOCK CAPITALS)	Address (IN BLOCK CAPITALS)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Please complete and return this form to Democratic Services, Thurrock Council, Civic Offices, New Road, Grays, Essex RM17 6SL. Alternatively you may fax the form on 01375 652779.

For office use only below:

To be completed by Chair/Vice Chair of Overview and Scrutiny Committee only.	
Agreement to scrutiny review <input type="checkbox"/>	Refusal of scrutiny review <input type="checkbox"/>
Reasons for refusal:	
Signature of Chair/Vice Chair of Overview and Scrutiny Committee:.....	
Date:.....	