

Part 6 Appendix 7a:

DISPENSATION REQUEST FORM

Your name	
The business for which you require a dispensation (refer to agenda item number if known)	
Details of your interest in that business (continue on a separate sheet if necessary)	
Date of meeting or time period for which you are seeking a Dispensation Tick one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> One meeting only <input type="checkbox"/> Dates of relevant meetings <input type="checkbox"/> Up to four years (A dispensation cannot extend beyond the term of your office) 	
Tick one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> I require a dispensation to participate, or participate further, in any discussion of the business, or <input type="checkbox"/> I require a dispensation to participate in any vote, or further vote, taken on that business 	
Reason(s) for requiring a dispensation Tick one or more of the following boxes relating to paragraphs from S.33 of the Localism Act: <ul style="list-style-type: none"> <input type="checkbox"/> 33a) without the dispensation the number of persons unable to participate in the transaction of business would be so great as to impede the transaction of the business; <input type="checkbox"/> 33b) without the dispensation the representation of different political groups would be affected so as to alter the likely outcome of any vote; <input type="checkbox"/> 33c) the dispensation is in the interests of persons living in the authority's area; <input type="checkbox"/> 33d) that, without the dispensation, no member of the Cabinet would be able to participate on the matter; <input type="checkbox"/> 33e) that it is otherwise appropriate to grant a dispensation. Reason:	

Signed: _____ Date: _____