BEVERLEY TOWN COUNCIL

APPLICATION FOR AN ALLOTMENT

|  |  |
| --- | --- |
| Surname of Applicant Mr/Mrs/Miss/Ms |  |
|  |  |
| Christian Name |  |
|  |  |
| Permanent Address |  |
|  |  |
|  |  |
| Post Code |  |
|  |  |
|  |  |
| Telephone Number |  |
|  |  |
| Email Address |  |
|  |  |
| Date of Birth |  |
|  |  |
|  |  |
| Do you have any disability or access requirements, if so please state |  |
| Which location are you interested in? (Please tick) |
|  |  |
| Kitchen Lane, Beverley |[ ]
|  |  |
| Sparkmill, Beverley |[ ]
|  |  |
| Queensgate, Beverley |[ ]
|  |  |
| Keldgate/Lairgate, Beverley |[ ]
|  |  |

Signature: Date:

This form, when completed should be returned to:

The Assistant Town Clerk

Beverley Town Council

12 Well Lane Beverley HU17 9BL

Email: admin@beverley.gov.uk clerk@beverley.gov.uk