Redenhall with Harleston Town Council

Nomination Paper

I would like to be considered for co-option as a Councillor with Redenhall with Harleston Town Council. I understand that I must seek nomination by two existing Town Councillors (one to nominate me and one to second the nomination). The period of service is from the date of co-option to the next local government parish elections, or an earlier date if I cease to meet the eligibility criteria to be a Councillor.

1. CANDIDATE

Surname ……

Other names in full ……

Title (please delete as appropriate) Mr / Mrs / Miss / Other (please state)……

Home address in full ……

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Postcode:

……

Nomination papers MUST be delivered to the Clerk of the Council at the Council Offices or by email clerk@harleston-tc.gov.uk at least 14 days before the Town Council meeting at which you wish to be considered for co-option.

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2. CANDIDATE'S CONSENT TO NOMINATION

I hereby consent to my nomination as a candidate for co-option as a councillor with Redenhall with Harleston Town Council. I declare that on the day of my nomination I qualify for co-option.

(i) I am registered as a local government elector in the parish of Redenhall with Harleston

in respect of (qualifying address in full)

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and my electoral number is

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AND/OR

(ii) I have, during the whole of the 12 months preceding my day of nomination occupied as owner or tenant the following land or other premises in the town (description and address of land or premises).

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AND/OR

(iii) My only principle place of work during those 12 months has been in the town at (please give address of place of work and, where appropriate, name of employer).

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AND/OR

(iv) I have during the whole of those 12 months resided in the parish boundary of Harleston or within three miles of it at (please give address in full).

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I declare that to the best of my knowledge and belief I am not disqualified from being co-opted by reason of any disqualification set out in section 80 of the Local Government Act 1972 and that the information supplied above is accurate. I understand that by providing misleading or inaccurate information, my nomination may be disqualified.

……. …… Signed

For office use only

No. of Nomination Paper (in order of delivery) ……..

Date Delivered ……..

Hour Delivered ……..

Received by: ……..