## **DISPENSATION REQUEST FORM**

Please give full details of the following in support of your application for a dispensation. If you need any help completing this form please contact the parish clerk.

Your name	BRAN A. E. STOYEL
The business for which you require a dispensation (refer to agenda item number if appropriate)	SALTASH HERITAGE
Details of your interest in that business	CHAIRMAN
Date of meeting or time period (up to 4 years) for which dispensation is sought	from 26 Sept 2024
Dispensation requested to participate, or participate further, in any discussion of that business by that body	Yes / No
Dispensation requested to participate in any vote, of further vote, taken on that business by that body	Yes / No
REASON(S) FOR DISPENSATION	
33 a) 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	
33b) without the dispensation the representation of	of .
different political groups would be affected so as to	
alter the likely outcome of any vote	
33c) the dispensation is in the interests of persons	
living in the authority's area	
33e) that it is otherwise appropriate to grant a	
dispensation	
Reason:	
Signed: B Stoyel _ D	nated: 26 Sept 2024.
DECISION:	
Dispensation Given: YES / NO LENGTH OF DISPENSATION: THIS MEETING ONLY	
Date: 36 9 24 Minute Number: 19 24 25.	
Signed: Clerk to the Council	