**ALLOTMENT APPLICATION FORM**

|  |  |
| --- | --- |
| Title: |  |
| Full Name: |  |
| Full Postal Address: |  |
| Postcode: |  | Date of Birth: |  |
| Telephone: | Home: |  |
| Work: |  |
| Mobile: |  |
| Email: |  |
|  |  |
| Preferred Site | Icklesham |  | Rye Harbour |  | Winchelsea |  |
|  |  |
| Joint Tenancy: | Yes: |  | No: |  |  |
|  |
| If yes, please give name, DOB & address if different from above |  |
|  |
|  | Applicant 1 | Applicant 2 |
|  |  |  |
| Signature: | Date: | Date: |
|  |  |  |
| Please tick if you do not want to share your email address with the Allotment Association |  |
|  |  |  |
| **\*** Are you registered disabled? (Y/N) |  |  |
|  |  |  |
| **\*** Any special needs? (Y/N) |  |  |
|  |  |  |
| **\*** Gender (F/M) |  |  |

 **\*** Whilst not compulsory, providing this information will help Icklesham Parish Council ensure that it complies with the Equality Act 2010.

Please Note: If you think you will have difficulties paying allotment rent, please contact the Clerk