

Application for an allotment garden

Tit	:le:			
First Name:		Address:		
La	st Name:	_		
Te	lephone:	_		
Mobile No:		Postcode:		
En I w	nail: ish to receive future correspondence via en	nail. □(1	Fick here)	
Site/s applied for (Tick all that apply):		Other Information (Strike out whichever does not apply)		
	Priory Road	Siz	ze of plot interested in	S/M/L
	Queens Walk		Experience Level	Beginner/Intermediate Experienced
	Uffington Road		ou willing to take on a plot which needs work?	Y/N
	Water Furlong		uld you be interested in pecoming a site rep?	Y/N
•	signing and completing this form, I cod appear on the electoral register.	onfirm th	nat I am a resident o	f Stamford
Signed:		Date:		
By reg	Signing this you are agreeing to abide gulations and grant permission for your amford Town Council's Data Protection	data to	be held and used as	per
Data Protection Stamford Town Council will use the information provided on this form for Allotment administration purposes only. You have the right to request to see the information we hold about you and to have any inaccuracies corrected.			For Office Use Only Electoral Register Entered on Database	

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