**PEMBROKESHIRE COUNTY COUNCIL**



**SUBMISSION OF QUESTIONS TO COUNCIL BY A**

 **MEMBER OF THE PUBLIC**

Please note that each section must be completed. Please refer

to the attached Guidance Notes when completing this form

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| 1. **YOUR DETAILS**
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| --- | --- |
| Your full name: |  |
| Your address and postcode |  |
| Contact telephone number(s) |  |
| Email address |  |

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| 1. **DO YOU MEET THE CRITERIA?**
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**Please tick the appropriate box(es)**

|  |  |
| --- | --- |
| I am a local government elector for Pembrokeshire  | **🞏** |
| I am over the age of 16 but would otherwise qualify as an elector for Pembrokeshire  | **🞏** |
| I am an occupier, owner or tenant of any land or other premises in Pembrokeshire; and have been for the whole of the preceding 12 months | **🞏** |
| I am employed or have had my principal or only place of work during the whole of the preceding 12 months in Pembrokeshire | **🞏** |
| I have been a resident in Pembrokeshire during the whole of the preceding 12 months | **🞏** |

**Please note that we need to see evidence of identity prior to the commencement of the meeting eg, passport, driving licence or a recent utility bill. [A scanned copy of the document will be acceptable.]**

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| 1. **DETAILS OF YOUR QUESTION**
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**You may ask no more than two questions.**

**Please set out your question(s) below:**

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| 1. |
| 2. |

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| Signed : Date :  |

**Please return this form to the Head of Democratic Services,**

**Pembrokeshire County Council, County Hall, Haverfordwest, SA61 1TP,**

 **or by email to** **susan.sanders@pembrokeshire.gov.uk** **or** **democraticservices@pembrokeshire.gov.uk**