**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