**Contact details**

Name of smaller authority:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County Area (local councils and parish meetings only):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form and send it back to us with the AGAR or exemption certificate**

|  |  |  |
| --- | --- | --- |
|  | **Clerk/RFO (Main contact)** | **Chair** |
| **Name** |  |  |
| **Address** |  |  |
| **Daytime telephone number** |  |  |
| **Mobile telephone number** |  |  |
| **Email address** |  |  |