

KIPPAX PARISH COUNCIL CO-OPTION APPLICATION FORM

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| FULL NAME: |  |
| DATE OF BIRTH: |  |
| ADDRESS:(Please provide home address if it is within three miles of the parish or principal place of work in the parish) |  |
| How long have you lived in the parish? |  |
| Have you been disqualified from being a councillor by virtue of section 80 of the Local Government Act 1972. | YES / NO |
| Please provide some information on why you would like to become a councillor at Kippax Parish Council.(Eg. Information about yourself, your skillset, any changes or projects you’d like to deliver in the village, any other relevant information) |  |