## APPLICATION FOR AN ALLOTMENT South Fen Road



| Title:      |           |
|-------------|-----------|
| First Name: | Address:  |
| Last Name:  |           |
| Telephone:  |           |
| Mobile No:  | Postcode: |
| Email:      |           |

## I wish to receive future correspondence via email. $\Box$ (Tick here)

Information required:

| Experience Level<br>(Beginner/Intermediate/Experienced          |  |
|---|--|
| Are you willing to take on a plot<br>which needs work? (Y or N) |  |

By signing and completing this form, I confirm that I am a resident of the Bourne Parish and appear on the electoral register.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this you are agreeing to grant permission for your data to be held and used as per Bourne Town Council's Data Protection Policy and Statement Below.

| Data Protection  | For Office Use Only |
|--|---------------------|
| Bourne Town Council will use the information provided on this form for Allotment administration          |                     |
| purposes only. You have the right to request to see the<br>information we hold about you and to have any | Electoral Register  |
| inaccuracies corrected.  |                     |