



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. ☐ (Tick here)

Information required:

Experience Level (Beginner/Intermediate/Experienced)	
Are you willing to take on a plot 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.

<u>Data Protection</u> 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 information we hold about you and to have any inaccuracies corrected.	For Office Use Only Electoral Register <input type="checkbox"/> Entered on Database <input type="checkbox"/>
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