

1. Your contact details

Nomination for listing as an Asset of Community Value

Please provide your contact details and those of your agent (if applicable). Where provided, we will use your

For Office Use Only			
Date received:			
Reference:			
Decision Date:			

For help in completing this form, please see the accompanying Guidance Notes

			You	r detail.	s		
Title							
Name							
Position							
Your relationship to Nominating Organisation							
Address							
Town							
							_
County							
Postcode							
Telephone							
Email address							
2. About the Organ Please provide the details of Name of Organisation					all of the relevant s	sections .	
Address							
Town							
Postcode							
Please tick any that apply:		Unicorporated Boo	dy	0	Charity	0	
		Parish Council		0	Community Interest Group	0	
		Other: Please spe	cify		•		
Please explain more about has a local connection to the everybody concerned lives	ne proposed	isation and that it d nomination (i.e. that					

3. The Nominated La	and or Property			
Name of Asset:				
Address and Post Code				
of Asset:				
Description of what				
Should be listed:				
Land Registry Title No:				
(please include plan				
and office copies if				
available)				
4. Ownership of the Please record the asset owne occupants.	rship details (if known). Ple		nown leaseholde	rs or current
Do you know who owns t	he site? If so, please p	provide details below:	Yes O	No O
	Owner	Leaseholders	Current	Occupier
Title	֥.		2 3 2.76	
Name				
Address				
Town				
County				
Postcode				
Telephone				
Email address				
5. Reasons for Nom Please tell us why you wish to		perty as an Asset of Commun	ity Value	

I confirm that all information provided is accurate and complete						
Name:						
Signature:						
Date:						