

Registration Form

Name:

Address:

Post Code:

Telephone:

Email:

Representing

Date of the Planning Committee at which you wish to speak (if known):

Planning application the presentation will relate to (including its proposed location):

Planning Application Reference Number (if known):

e.g. C/00001/92/CC

Do you support or object to the proposed application?

Support

Object

If you are completing this form electronically, please type your name below

Signature:

Date:

To reply by email: Save your completed form, and send it as an email attachment to democraticservices@cambridgeshire.gov.uk

To reply by post: Print this form and once it is completed send it to Democratic Services, Cambridgeshire County Council, RES1102, Shire Hall, Castle Hill, Cambridge CB3 0AP