



## ALLOTMENT APPLICATION FORM

- Please indicate your choice of allotment site with a tick (✓).
- **Please note that only 1 site can be selected, and only one allotment per household** – if you select more, your application will not be accepted.
- Please inform Sacriston Parish Council of any name or address changes as we may not be able to contact you to inform you of an allotment offer. You can write to the above address or send an email to [sacristonparishcouncil@gmail.com](mailto:sacristonparishcouncil@gmail.com)
- If we are unable to contact you at your stated address to offer an allotment plot or if you do not respond within the stated time period when offered a plot your details will be removed from the waiting list.
- The information you provide will be kept on file until an allotment is offered to you. Once you have accepted a plot your details will be removed from the list. All information held by the Parish will only be used for the administration of allotment purposes and will not be shared with any other parties.
- Applications will only be considered for people living in the parish of Sacriston + one mile. Identification and proof of address will be requested (household bill, driving licence, etc).
- The annual rent is £30 (under 65 years old), £25 (over 65 years old).
- There is a gate key deposit payable of £20.
- Every member must have public liability insurance, and this is at a cost of £3 per member.

### DETAILS

I wish my name to be placed on the waiting list. I understand that allocation will be made in strict order according to the waiting list and agree to comply with all regulations pertaining to the use of this facility. I understand that if I am offered an allotment and refuse to accept it my name will revert to the bottom of the waiting list

### PLEASE PRINT YOUR DETAILS CLEARLY

TITLE (MR/MRS/MISS/DR) .....

FIRST NAME ..... MIDDLE NAME .....

SURNAME ..... DATE OF BIRTH .....

TELEPHONE NUMBER ..... EMAIL ADDRESS .....

### IF JOINT APPLICATION COMPLETE NAME OF SECOND TENANT — BOTH TENANTS MUST LIVE IN THE SAME HOUSEHOLD

TITLE (MR/MRS/MISS/DR) .....

FIRST NAME ..... MIDDLE NAME .....

SURNAME ..... DATE OF BIRTH .....

TELEPHONE NUMBER ..... EMAIL ADDRESS .....

**FULL ADDRESS INCLUDING POSTCODE**

.....  
.....

**SIGNED** ..... **DATE** .....

*Please indicate which allotment site you wish to apply for.*

<b>ALLOTMENT SITE</b>	<b>Please tick your preferred choice</b>
Cross Lane	
Daisy Hill	

Please return your completed form to:

The above address for the attention of the Allotment Association or, alternatively email it to [sacristonparishcouncil@gmail.com](mailto:sacristonparishcouncil@gmail.com)