LOCAL GOVERNMENT ACT 1972 SECTION 248

(As amended by the Democracy, Economic Development and Construction Act 2009)

APPLICATION FOR ADMISSION TO THE PASTURES ROLL OF THE ENROLLED FREEMEN OF GRIMSBY

In pursuance of the provisions of the above Act, I the undersigned, hereby claim to be admitted a Freeman of Great Grimsby and submit the following particulars:-

PART 1 TO BE COMPLETED BY EVERY APPLICANT

1.	SUR	NAME (BLOCK LETTERS):
	FIRS	T NAME(S):
	ADD	RESS:
	POS	TCODE
	TELE	EPHONE NO:
	DATE	E OF BIRTH: AGE:
2.	RES	DENCE IN GREAT GRIMSBY
	(A)	How long have you been resident at the present address?
	(B)	If this is less than 12 months, state previous address and how long you were resident there?
3.	PAY	MENT OF COUNCIL TAX
	(a)	Are you responsible for payment of Council Tax to North East Lincolnshire Borough Council? YES/NO
		If the answer to (a) is yes, then please also answer (b) and (c)
	(b)	Please quote your Council Tax reference number (which is shown on the demand)
	(c)	What is your method of payment (e.g. direct debit, in full, etc)?

TO BE COMPLETED WHEN CLAIMING BY BIRTH (1) What is the full name of your father/mother? (2) What year was your father/mother admitted as a Freeman? (3) What was his/her address at the date of his/her admission? PART 3 PARTICULARS REQUIRED WHEN YOUR WIFE IS THE DAUGHTER OF A **FREEMAN** (1) What is the full name of your Wife's father/mother? (2) What was his/her address at the date of your Wife's birth? _____ (3)The year of his/her original admission as a Freeman? (4) What was their address at the date of his/her admission? (5) The date of your marriage? (6) The date of your Wife's birth? PART 4 PARTICULARS REQUIRED WHEN YOUR WIFE WAS THE WIDOW OF A **FREEMAN** (1) The full name of the previous Husband of your Wife? (2) (i) His address at the date of his birth? (ii) The date of his death? (3)The year of the original admission as a Freeman? (4) What was his address at the date of his admission? (5) The date of you marriage? PART 5 I give permission for the Council's Executive Director of Business Services or his nominated officer, in connection with this application, to enquire as to any liability for Council Tax and to seek confirmation that there are no arrears. I declare that the information I have given on this form is true: Signed: Date:

Completed forms to be returned to:-

Law & Democratic Services, **Municipal Offices,** Town Hall Square, Grimsby DN31 1HU

PART 2