



**CORNWALL ASSOCIATION OF LOCAL COUNCILS**

**NOMINATION OF REPRESENTATIVE TO THE CORNWALL PLANNING PARTNERSHIP**

**NAME :**

**ADDRESS**

.....  
.....  
.....  
..... POST CODE : .....

Telephone : .....

Email : .....

**LOCAL COUNCIL :**

PERSONAL STATEMENT/RESUME (250 Words – this will be included as your supporting statement )

SIGNED : ..... DATE : .....

NOMINATING COUNCIL .....

AUTHORISED SIGNATURE .....

**PLEASE RETURN TO CALC 1/1a, 1 Riverside House, Heron Way, Newham , Truro TR1 2XN**

**Email : [enquiries@cornwallalc.org.uk](mailto:enquiries@cornwallalc.org.uk)**

**CLOSING DATE FOR APPLICATIONS : APRIL 30<sup>TH</sup>, 2019**