

This form has two main parts:

Community Infrastructure Levy (CIL) Draft CIL Charging Schedule Representation Form

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to <u>cil@bathnes.gov.uk</u> post to PO Box 5006, Bath, BA1 1JG

Part A – Personal Details Part B – Your representations(s) Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B. Please note all names and comments will be made publically available. Part A * If an agent is appointed, please complete only the Title, Name and Organisation Boxes below but complete the full contact details of the agent					
			1.	Personal Details*	Agent Details
			Title:		
			First Name:		
Last Name:					
Job Title: (where relevant)					
Organisation: (where relevant)					
Address Line 1:					
Address Line 2:					
Address Line 3:					
Address Line 4:					
Postcode:					
	entation is seeking a change, d the examination?	o you consider it necessary to participate at the public			
No, I do not w	vish to participate at the oral exam	ination			
Yes, I wish to	participate at the oral examinatio	n			
3. If you wish to	participate at the public hearin	gs, please outline why you consider this to be necessary:			
Signature:		Date:			

