

B. THE PROPOSER, THE SECONDER, AND THE SPONSORS

Please complete all names in block capitals.

Proposer

NAME	_____
PHONE NO.	_____
SIGNED	_____
DATE	_____

Secunder

NAME	_____
PHONE NO.	_____
SIGNED	_____
DATE	_____

Sponsors

1. NAME	_____	SIGNED	_____
2. NAME	_____	SIGNED	_____
3. NAME	_____	SIGNED	_____
4. NAME	_____	SIGNED	_____
5. NAME	_____	SIGNED	_____

C. DATA RETENTION

Signature and submission of this form confirms that authorisation is provided to Bridlington Town Council to process the data contained within and attached, as is appropriate, to facilitate consideration of the nomination. The nomination will be held in the Council's archive in line with its Data and Retention Policies.

