

**Silloth-on-Solway Town Council**  
**COUNCILLOR CO-OPTION APPLICATION FORM**

<b>PERSONAL DETAILS</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone Number:</b>		
<b>Email address:</b>		
<b>Are you 18 or over?</b>	<b>YES</b>	<b>NO</b>

<b>Please detail any experience you have that may be relevant to Silloth-on-Solway Town Council (If necessary, please continue on a separate sheet of paper).</b>

**Is there any other information you would like to disclose regarding your application?  
(If necessary, please continue on a separate sheet of paper).**

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**DECLARATION**

**Name:**

**Signed:**

**Date:**

**Please return this completed form, together with the completed Co-option Eligibility Form to:**

Silloth-on-Solway Town Council, 5 Burnswark Terrace, Solway Street, Silloth,  
Cumbria, CA7 4EF

Tel: 0777 5686857 Email: [townclerk@silloth-on-solway.co.uk](mailto:townclerk@silloth-on-solway.co.uk)

**The information provided on this application form will remain private and confidential and will not be disclosed to third parties.**