**FARINGDON TOWN COUNCIL**

The Pump House, 5 Market Place FARINGDON, Oxfordshire, SN7 7HL Telephone 01367 240281

[www.faringdontowncouncil.gov.uk](http://www.faringdontowncouncil.gov.uk)

Clerk: Sally Thurston

office@faringdontowncouncil.gov.uk

**APPLICATION FOR TOWN CENTRE EXTERNAL DECORATION AND PLANTING BURSARY**

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS.

PLEASE READ THE CRITERIA FOR AWARDING FINANCIAL ASSISTANCE BEFORE MAKING YOUR APPLICATION AS AWARDS CAN ONLY BE MADE IN STRICT ACCORDANCE. THE COMPLETED FORM SHOULD BE RETURNED TO THE TOWN CLERK AT THE COUNCIL OFFICE.

**Part One – Applicant details**

Name

Address and postcode

Telephone

What is the address of the property for which you require assistance?

**Are you the property owner? Delete as appropriate YES / NO**

**If No please ask the property owner to complete the following:**

**:**

**Name:**

**Address:**

**Your privacy is important to us.**

We need to process your data to perform administration tasks.

We will comply with all data protection laws. We will only store your data for as long as we are legally required to do so.

You can find out more from our “Privacy Notice” which is available from our website or from the council Office or at [www.faringdontowncouncil.gov.uk](http://www.faringdontowncouncil.gov.uk)

**Please confirm your consent below.**

🞎 Yes, I consent to Faringdon Town Council holding the data on this form for administration purposes only.

**I declare that the applicant has full permission to make the improvements as described in this form.**

**Signed:**

**Print name: Date:**

**Part two – project details**

How much is the total cost of the project?

How much are you applying to this council for redecoration?

How much are you applying to this council for external planting?

What contribution are you making?

Please Could you describe the work you wish to undertake and add anything you think may assist this application? (continue on a separate sheet if necessary)

Please provide bank details where you would like payment should your application be successful

Account number:

Sort Code:

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**Please confirm your consent below.**

🞎 Yes, I consent to Faringdon Town Council holding the data on this form for administration purposes only.

**I declare that the information given on this application is true to the best of my knowledge.**

**Signed:**

**Print name: Date:**