

# Hartlepool Borough Council

## Public question time at Council Meetings

(Before completing this form please read the accompanying note carefully)

Your question (Please continue on a separate sheet if necessary)

Please indicate the Council meeting date that the question is to be considered

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This question will be put to the Chair of the Committee which is responsible for the particular function as set out in Part 3 of the Councils Constitution

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



If under 16 years of age:		
Name _____		
Address _____		
Signature of Parent of Gurdian _____		
For office use only		
Date received	Checking in by	Accepted Y / N
Accepted	Attended Council Y / N	Written response sent Check by <input type="checkbox"/>
Rejected		
Reasons _____		
Written response sent _____ Checked by _____		

