

Co-opted Member Appointment

Contact Details	
Full Name	
Address	Postcode:
Contact details	E-mail: Telephone/mobile:
Co-opted Member's Declaration and Consent	
I consent to being co-opted as a Community Councillor [to fill a vacancy in the voting membership] for the	
	Community Council
I declare that I am 18 years old or older, and that I am registered as a local government elector in the register of electors for the community council area named above, at the following address:	
and my electoral number is:	
Candidate's signature	
Date	
Chair's Declaration	
I confirm that the above-mentioned co-opted member was duly appointed at a meeting of the Community Council and signed the above declaration in my presence.	
Chair's name:	
Chair's signature:	
Date of meeting at which co-option was agreed	
Return the form to:	
Returning Officer, Shetland Islands Council, Corporate Services Department, Burgh Road, LERWICK, ZE1 0LA	
For advice or assistance, please contact the Returning Officer:	Telephone: 01595 744554 or e-mail: returning.officer@shetland.gov.uk

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