**Application for Green Waste Collection Charge Concession**

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| --- | --- |
| Name of Group |  |
| Organiser Name and Address |  |
| Area(s) of land maintained |  |
| Owner of land maintained |  |
| Is the Group maintaining the land on behalf of, or at the request of, a Parish, Town, District or County Council? |  |
| Does the Group receive payment for the activities or any form of grant funding? |  |
| Please describe the activities carried out by the Group |  |
| Please describe the frequency of the activity |  |
| Please specify the location that the Green Bin will be presented at. |  |
|  |  |
|  |  |
| Name of Parish/Town Council |  |
| Parish/Town Council Comments |  |

Signed ………………………… Clerk/Chair

Dated ……………………..