



BIDDENDEN PARISH COUNCIL

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**FREEDOM OF INFORMATION ACT
REQUEST FOR INFORMATION FORM**

PLEASE WRITE IN BLOCK CAPITALS

Name:

Address:

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Postcode:

Tel: **Email:**.....

Information requested:

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Signed:

Date:

PLEASE RETURN THE FORM TO BIDDENDEN PARISH COUNCIL AT THE ADDRESS AT THE TOP OF THE PAGE

FOR OFFICE USE ONLY

Date received

Deadline:

Date answered: