Pembrokeshire County Council

Gypsy & Traveller Caravan Site Application Form

Received…………………… Registration No…………………

When completed, please return this form to Housing Commissioning, Pembrokeshire County Council, County Hall, Haverfordwest.

Full Name…………………………………………………………………………………..

Present location, address and telephone number……………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

Telephone ………………………………………………………………………………

Length of time at this address…………………………………………………………

Place of birth…………………………………………………………………………..

Details of all persons wishing to live on the hardstanding

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>D.O.B</th>
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<tbody>
<tr>
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<td>Applicant</td>
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Are any of the above pregnant? ………………………………………………………

What is your occupation?……………………………………………………………

Have you have any previous tenancies with ANY council? If so, please give details:

Council HouseYes/No
Addresses

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<tr>
<th>Address</th>
<th>Dates from-to</th>
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Caravan site  Yes/No
Addresses

<table>
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<th>Address</th>
<th>Dates from-to</th>
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Which caravan site would you prefer?

Withybush/Under the Hills/Castle Quarry/Kingsmoor

Do you, or any person who wishes to live on the hardstanding have any serious medical condition or disability? If Yes, give details:

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........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Do you authorise your doctor to reply to any query to your health and medical history?

Yes/No

Name of Doctor....................................................................................................................................................

Address of surgery...............................................................................................................................................

Any other information


Declaration

With this application I apply for the tenancy of a Council hardstanding and certify that the particulars on the form are true. I will notify the Council of any changes in the particulars whilst I remain on the waiting list for a hardstanding.

Signature.............................................  Date..........................