

## LGA General Assembly 2016/17

NAME OF AUTHORITY: .....

**SECTION A PLEASE ENSURE THAT YOU INCLUDE THE VOTING ALLOCATION FOR EACH MEMBER AS MEMBERS WILL NOT BE ABLE TO VOTE WITHOUT THIS EVIDENCE.**

The Authority's representative(s) on the General Assembly for 2016/17 will be:

First Name	Surname	POLITICAL PARTY	NO. OF VOTES
1. Cllr .....	.....	.....	.....
2. Cllr .....	.....	.....	.....
3. Cllr .....	.....	.....	.....
4. Cllr .....	.....	.....	.....

**Fire and Welsh Unitaries Only**The representative who will have the Authority's **one corporate vote** will be:

Councillor .....

**SECTION B: THE FOLLOWING MEMBERS LISTED ABOVE WILL NOT BE ATTENDING THE ANNUAL MEETING OF THE GENERAL ASSEMBLY ON 5 JULY 2016:**

1..... 2. ....

3..... 4. ....

**SECTION C: The following substitute members will be attending the Annual Meeting of the General Assembly on 5 JULY 2016:**

First Name	Surname	POLITICAL PARTY	NO. OF VOTES
1. Cllr .....	.....	.....	.....
Substituting for .....			
2. Cllr .....	.....	.....	.....
Substituting for .....			
3. Cllr .....	.....	.....	.....
Substituting for .....			
4. Cllr .....	.....	.....	.....
Substituting for .....			

**SECTION D: OBSERVERS (INCLUDING OFFICERS)**

The following will be attending the Annual Meeting of the General Assembly on 5 JULY as Observers:-

First Name	Surname	POLITICAL PARTY
1. Cllr/Mr .....	.....	.....
2. Cllr/Mr .....	.....	.....
3. Cllr/Mr .....	.....	.....
4. Cllr/Mr .....	.....	.....

**SECTION E**

The following representatives attending the Annual Meeting of the General Assembly (5 JULY 2016) will not be attending the Annual Conference (5 – 7 JULY 2016):-

**FIRST NAME AND SURNAME:**

- 1.
- 2.
- 3.
- 4.

**SPECIAL REQUIREMENTS for representatives at the Annual Meeting on 5 JULY 2016 (Please tick)**

Vegetarian/Vegan     Wheelchair Access     Mobility Assistance     Audio Inductive Loop

Other (Please specify) \_\_\_\_\_

\* Please indicate as required

The Association will endeavour to provide for the special needs of any representatives attending the meeting. Please ensure that advance notice is given to allow arrangements to be made.

Contact Officer: ..... Tel: .....

Date.....

**PLEASE RETURN THIS FORM BY WEDNESDAY 8 JUNE 2016 To:-**

Fatima de Abreu, Member Services, Local Government Association  
Local Government House, Smith Square, London SW1P 4HZ

Or: [Fatima.deabreu@local.gov.uk](mailto:Fatima.deabreu@local.gov.uk)