

REGISTER OF MEMBERS' INTERESTS

Member's Details	
Member's Full Name:	DOUGEAS WALLER
Member's Full Address:	16 RENDES WAY BRICINGSHURST RELIA 9 ZN
Telephone No:	E (403 257531
email address:	DOUGLASINALUERO DILENGELUES LUES CUEVA

Member's Declaration

- * I understand that the information sought in the schedule is required under the Local Government Act 2000, The Local Authorities (Model Code of Conduct) Order 2007, the Localism Act 2011 and the Council's Code of Members' Conduct
- * I declare that the information given in the schedule is complete and correct
- * I shall give details of any future changes to the information within 28 days of any change
- * I acknowledge that a failure to declare relevant information will be a breach of the Council's Code of Members' Conduct
- * I acknowledge that the information will be held on a public register.

Complete as applicable

* I confirm that there are no changes to the information given in the schedule to my register entry or

* Ldeclare that there are changes to the information given in the schedule as follows.

Section	Question No.	Details
		(NONE)
Signed	City of the second	Continue on reverse if necessary Dated $ 2 \cos 2 $
Please return this form in hard copy to: Mr G.C. Burt (Parish Clerk)		
Section	Question	Details

May 2021

Council Office: Billingshurst Centre
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Email: council@billingshurst.gov.uk