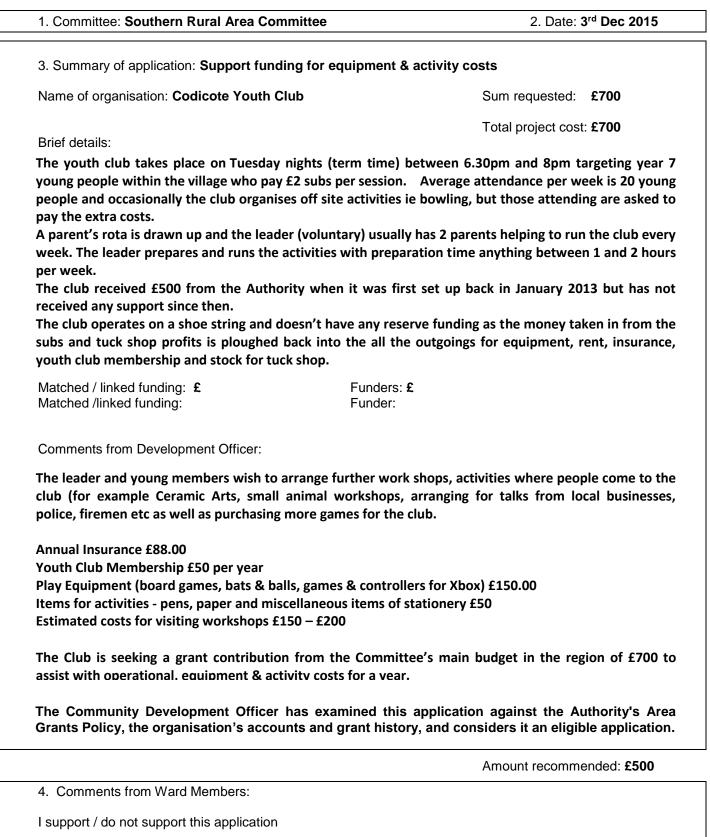
APPENDIX 9

NORTH HERTFORDSHIRE DISTRICT COUNCIL

GRANT APPROVAL FORM



Signed:

Signed:

Date:

Date:

Name:

Name:

I support / do not support this application

NH DC