



**Re-Use of Public Sector Information
Licence Application Form**

Details of Applicant

Surname: First Name:

Address:
.....
.....

Post Code: Telephone Number:

Email Address:

(We may need to contact you to clarify some aspects of your request)

If you are making the request on behalf of a company or organisation, please state below:

Name of Organisation:
.....

Address:
.....
.....

Position Held:

Agreement

I agree to abide by the terms and conditions set out in the Licence.

Signed

.....

Date

.....

A range of payment options are available including payment by cash, cheques or debit card (either in person, over the telephone or online). Details of these options will be given if a fee is payable.

Please return this form to:

Director of Corporate and Legal Services (Fol)
Eden District Council
Town Hall
Penrith
Cumbria
CA11 7QF