

**WALLINGFORD TOWN COUNCIL**  
**APPLICATION FOR AN ALLOTMENT**

NAME (Mr. Mrs. Miss. Ms) .....

ADDRESS WITH POSTCODE .....

.....

Proof of address is required, please enclose a copy **utility bill or driving licence**. This document will be destroyed once confirmed by the office.

DAY-TIME TELEPHONE NO .....

E-MAIL ADDRESS .....

WHICH SITE,  
FIR TREE OR HIGH CROFT ? .....

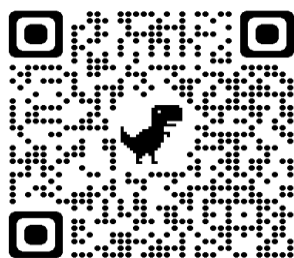
DATE .....

Please send a £10 non-returnable administration fee to Wallingford Town Council, 8A Castle Street, Wallingford, OXON, OX10 8DL.

Cheques should be made payable to Wallingford Town Council.

Direct to the bank, 30-99-03, 00061015, Wallingford Town Council

Or via our website <https://www.wallingfordtowncouncil.gov.uk/pay-an-invoice/> QR code



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**FOR OFFICE USE:**

SITE AND PLOT NUMBER .....

PLOT ALLOCATED BY .....

DATE .....

COMMENTS .....

PROOF OF ADDRESS

Utility Bill ☐

Driving Licence ☐