****

**CYNGOR TREF PONTARDDULAIS TOWN COUNCIL**

**Councillor Co-option Application**

|  |  |
| --- | --- |
| **NAME:** |  |
| **ADDRESS:** |  |
| **EMAIL:** |  |
| **CONTACT NUMBER:** |  |

|  |  |
| --- | --- |
| **Why do you wish to become a town councillor?** | |
|  | |
| **What are the main areas in Pontarddulais you would like to see improved?** | |
|  | |
| **What experience do you feel you can bring to the council?** | |
|  | |
| Please return to: | Hilary Davies  Clerk to Pontarddulais Town Council |
|  | 45 St Teilo Street  Pontarddulais  Swansea SA4 8SY |
| Email: | [clerk@pontarddulaistowncouncil.gov.uk](mailto:clerk@pontarddulaistowncouncil.gov.uk) |
| Telephone: | 07939 592168 |

***CLOSING DATE FOR APPLICATIONS: 17 NOVEMBER 2023***