Application for Disposal of Council owned lands

Name:	BLOCK CAPITALS
Address:	
Telephone:	
Mobile no:	
Email:	
Subject site location:	
Reasons for applicatio	Please attach map clearly identifying in colour the subject site e.g. Ordnance survey Ireland (OSI) map, Satellite image, etc. n and
proposed use of subjec	t site :
 I acknowledge to purpose of asse not be shared w I consent to the for a period of 1 	he above and attached information is true and accurate that the above information is required by South Dublin County Council for the ssing and completing my interest in acquiring Council owned land and will ith a third party without my expressed permission. retention by South Dublin County Council of the above personal information 12 months and or up to full conclusion of my application for disposal of land whichever is the sooner.
Print name	
Signature:	

Date:

Completed from to be returned to :

Asset Management Section Economic Enterprise & Tourism Development Department South Dublin County Council County Hall Tallaght Dublin 24

South Dublin Council privacy statement is available on the Council website www.sdcc.ie