Confirmation of contact details

Local Council Name: Brook Parish Council

Please confirm the contact details for the Clerk, RFO (if applicable), and Chair to assist us in ensuring that our records are kept up to date.

RFO name (if different to clerk)	Chair name:
	Simon Betty
Clerk working hours (so we know when we can ring)	
Is this person the primary contact:	
Yes/No	
Parish Council registered address:	Chair contact postal and email address
	Email:
	n/a
	Postal address:
Telephone:	Telephone:
Primary contact number:	Primary contact number:
Mobile/alternative number:	Mobile/alternative number:
e a personal email unless the Clerk/RF	O does not have a Council/Meeting
	Clerk working hours (so we know when we can ring) Is this person the primary contact: Yes/No Parish Council registered address: Telephone: Primary contact number: Mobile/alternative number:

Please return this Form together with the Annual Governance & Accountability Return