

Local Council name: EASTON PARISH COUNCIL

Confirmation of contact details

Please confirm the contact details for the Clerk, RFO (if not the clerk) and Chairman, to assist us in ensuring that our records are kept up to date:

Clerk's name:	RFO's name (if not clerk)	Chair's name
<p>Address:</p> <p>Alan Arber S GOSHAWK HALLS WILKINSON RD NORWICH NR2 5JX NR2 5DC</p>	<p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Address:</p> <p>Peter Milliken 29 Woodville Rd EASTON NORWICH NR2 5JX NR2 5EU</p>
<p>Telephone:</p> <p>Home: 01603 568612</p> <p>Work: 02512 9056</p>	<p>Telephone:</p> <p>Home: </p> <p>Work: </p>	<p>Telephone:</p> <p>Home: 07702 242717</p> <p>Work: 07702 242717</p>
<p>e-mail: eastonclerk@ gmail.com</p>	<p>e-mail: </p>	<p>e-mail: milliken@gmx.com</p>

Please return this form in the envelope provided, together with the Annual Return and other information requested.