



CALL-IN FORM

To: For attention of: Katherine Abbott
democraticservices@eastsuffolk.gov.uk

I would like to call-in the decision as detailed below:

Decision Making Body or Individual

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Decision Made

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Date Decision Made

Reason for Calling-In the Decision

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Desired Outcome

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Desired Witnesses and Relevance to the Call-in

1.
2.

3.
4.
5.

**Members* Calling-In Decision
Date**

Signed

1.		
2.		
3.		
4.		
5.		

*** In accordance with the Scrutiny Procedure Rule 11.4, any two members of the Scrutiny Committee or any five members of the Council may call in a matter for review of the decision by the Scrutiny Committee**