CALL-IN OF DECISION

(please ensure you complete all sections fully)

Please return the completed original signed copy to:
Claire Johnson, Democratic Services Team, 1st Floor, Civic Centre

Claire Johnson, Democratic Services Team	i, 1 1 1001, Olvic Ochile
DIMI COMMISSIONING FOR COMMIC	-+ ENTIELD CLINICAL COMMISSIONING ONITY REHABILITATION SUPPORT SER OR HEALTH + ADOLT SOCIAL CARE LU
DATE OF DECISION LIST PUBLICATION	
LIST NO: 52/18-19 (* N.B. Remember you must call–in a dec within 5 working days of its publication).	ision and notify Democratic Services Team
A decision can be called in if it is a corporation of the committees, or delegated authority from the Executive.	orate or portfolio decision made by either a key decision made by an officer with
(a) COUNCILLORS CALLING-IN (The Council's constitution requires seven signatures or more from Councillors to call a decision in).	
(1) Signature:	Print Name: CHRIS DEY
(2) Signature: PPMayVard	Print Name: PANKE HAYWARD,
(3) Signature:	Print Name: S.M. Stavalu,
(4) Signature:	Print Name: MIM シニハフニ
-(5) Signature: Month	Print Name: CLAME DE SILVA
(6) Signature:	Print Name: LEWSAY RAWIENCS
(7) Signature G. Oire	Print Name Syns VINCE
	Print Name: MARIO AROS AND RE
(b) SCRUTINY PANEL RESOLUTION (copy of minute detailing formal resolution to request call-in to be attached).	
NAME OF PANEL:	
DATE OF PANEL:	