Part A: Information relating to the applicant and land to which the application relates (All applicants must complete this part)				
1. Nam	e of ap	propriate authority to which the application is addressed		
Stafford	dshire C	County Council		
2. Nam	e and f	full address (including postcode) of applicant		
3. Stat	us of a	pplicant (tick relevant box or boxes):		
l am	(a)	the owner of the property/land(s) described in paragraph 4		
	(b)	making this application and the statements/declarations it contains on behalf of		
who is	the owr	ner of the property/land(s) described in paragraph 4 and in my capacity as		
postco 5. Ordi	de nance (ription of the property/land(s) to which the application relates including full address and Survey six-figure grid reference(s) of a point within the area of land(s) to which the elates (if known) e.g. SJ955 185 or SJ955185		

Owners:

If you have ticked box (a) and wish to deposit the Statement and Map **only** under Section 31(6) please fill in the rest of this section, then Parts B(i), E and F as appropriate. Note that the Declaration must be deposited within 20 years of the date the Statement and Map were received by Staffordshire County Council.

If you have ticked box (a) and wish to deposit the Statement and Map **and** make the Declaration under Section 31(6), please fill in the rest of this section, then Parts B(i), C(i), E and F as appropriate.

If you have ticked box (a) and wish **only** to make the Declaration as you have previously deposited your Statement and Map, please fill in the rest of this section, then Parts C(i), E and F as appropriate.

If you have ticked box (a) and wish to make a statement under Section 15A(1), please fill in the rest of this section, then D(i), E and F as appropriate.

Authorised Representative:

If you have ticked box (b), and wish to deposit the Statement **and** Map only under Section 31(6), please fill in the rest of this section, then Parts B(ii), E and F as appropriate. Note that the Declaration must be deposited within 20 years of the date the Statement and Map were received by Staffordshire County Council.

If you have ticked box (b), and wish to deposit the Statement and Map **and** make the Declaration, please fill in the rest of this section, then Parts B(ii), C(ii), E and F as appropriate.

If you have ticked box (b) and wish **only** to make the Declaration as you have previously deposited your Statement and Map, please fill in the rest of this section, then Parts C(ii), E and F as appropriate.

If you have ticked box (b) and wish to make a Statement under Section 15A(1), please fill in the rest of this section, then D(ii), E and F as appropriate.

Part F must be completed in all instances

6.	This deposit comprises the following statement(s) and/or declarations	
	Part B	
	Part C	
	Part D	

Part B(ii): Statement under Section 31(6) of the Highways Act 1980 (Authorised Representative to complete)

is the owner of the property/land described in paragraph 4 of this

form and shown on the map accompanying this statement.

Ways shown on the accompanying map are byways open to all traffic

Ways shown on the accompanying map are restricted byways

Ways shown on the accompanying map are public bridleways

Ways shown on the accompanying map are public footpaths

Please type 'none' where no right of way of that type exists.

No (other) ways over the land shown

on the accompanying map have been dedicated

as highways.

Part F: Statement of Truth (All applicants must complete this part)

Landowner Statements and Declarations, Spatial Information Team,

Staffordshire County Council, Staffordshire Place 1,

Tipping Street, Stafford. ST16 2DH

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under Section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years imprisonment or an unlimited fine, or both.

I believe that the facts and matters contained in this form are true Signature of the person/s making the statement of truth (An electronic signature is acceptable) Print your full name: Date: Please ensure you keep a copy of the completed form. *Please note*: When you click the 'submit form' button below, it will open your email. Please also attach a scanned copy of your map with your form. Alternatively, please print off the completed form, sign and return with your map and payment to:

BERRYS





