

Notice of Call-In

NB highlighted text is guidance and should be deleted before you submit this form .

Councillor name	
Title of Decision	This will be on the report/decision notice
Decision Maker	e.g. The Cabinet, Cabinet Member for XX
Date of Decision	i.e. date of Cabinet or when the Cabinet Member made the decision

Reason for the Call-In	
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Members supporting the Call-In

Either three scrutiny board members, or six members of the Council are required. These signatures **must** only be gained after the above is completed.

Member Name	Signed

Please send the completed form to the Statutory Scrutiny Officer at democratic_services@sandwell.gov.uk