**Notification of Resignation of a Community Council Member**

Use this form to advise Aberdeen City Council of the resignation of a Community Council member, this must be completed and submitted within 1 calendar month of resignation being tendered.

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| --- | --- |
| **Community Council Name** |  |
| **Members Name  (no initials please):** |  |
| **Members Home Address including postcode:** |  |
| **Members Telephone Number:** |  |

|  |  |
| --- | --- |
| **Resignation received on**  **(date)** |  |
| **Resignation effective from (date), if different from above** |  |
| **Resignation tendered** | Verbally / In Writing / Email |
| **Resignation accepted by (Name/ position)** |  |
| **Reason for Resignation** |  |

Please return this form to   
Community Council Liaison Officer, Aberdeen City Council Governance, Town House, Broad Street, Aberdeen, AB10 1AQ or email [communitycouncils@aberdeencity.gov.uk](mailto:communitycouncils@aberdeencity.gov.uk)