Request by Member for Scrutiny Review 2009/10 Work Programme



Please complete the form below to request consideration of your issue by the Overview and Scrutiny Committee

Proposers Name:	Date of Request
Supporting Councillors (if any):	
Summary of Issue you wish to be scrutinised:	
NOTE: ENTRIES BELOW RELATE T	D ISSUE CATEGORIES OF THE PICK
PROCESS. PLEASE REFER TO THE EXPLANATORY NOTES TO THIS FORM FOR FURTHER INFORMATION	
Public Interest Justification:	

Impact on the social, economic and env	vironmental well-being of the area:
Council Performance in this area (if known: Red, Amber, Green):	
Keen in Context (are other reviews taking place in this area?)	
Keep in Context (are other reviews taking place in this area?)	
Office Use:	
Pick score:	Considered By OSCC:
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