| Application for Injunction (General Form) | | Name of court In the High Court of Justice | Claim No. |
|---|--|---|-----------|
| | | Claimant's Name and Ref. East Lindsey District Council | |
| | | Defendant's Name and Ref. (1) Mr William Edward Tidd et al | |
| | | Fee Account no. PBA0088053 | |
| Notes on completion Tick which boxes apply and specify the legislation where appropriate. | By application in pending proceedings | | |
| | | ction 187B of the Town and untry Planning Act 1990 | |
| | ☐ This application is made under Part 8 of the Civil Procedure Rule | | |
| | This application raises issues under the Human Rights Act 1998 | 🛛 Yes 🗌 No | |
| (1) Enter the full name of the person making the application. | The Claimant (1) East Lindsey District Council applies to the court for an injunction order in the following terms including permission to serve the proceedings by an alternative method [CPRr6.15]: The Defendant (2) | | |
| (2) Enter the full name of the person the injunction is to be directed to | | | |
| (3) Set out any proposed orders requiring acts to be done. Delete if no mandatory order is sought | must (3) Please see attached Draft Order | | |
| (4) Set out here the proposed terms of the injunction order (if the defendant is a limited company delete the wording in brackets and insert 'whether by its servants, agents, officers or otherwise') | The Defendant be forbidden (whether by himself or by instructing or encouraging or permitting any other person) (4) Please see attached Draft Order | | |
| (5) Set out here any further terms asked for including provision for costs | And that (5) Please see attached Draft Order | | |
| (6) Enter the name of all persons who have sworn affidavits or signed statements in support of this application | The grounds of this application are set out in the written evidenceof (6)Dean FlowerSworn (signed) on09 November 2023 | | |
| (7) Enter the names and addresses of all persons upon whom it is intended to serve this application | The written evidence is served with this application. | | |
| | This application is to be served upon (7) The Defendants | | |
| (8) Enter the full name and address for service and delete as required | This application is filed by (8) Lega the Solicitors for the claimant whose address for service is County Offices, Newland, Lincoln, I | | |

If you do not attend at the time shown the court may make an injunction order in your absence If you do not fully understand this application you should go to a Solicitor, Legal Advice Centre or a Citizens' Advice Bureau

The court office at

_ is open between 10am and 4pm Mon-Fri. When corresponding with the court, please address all forms and letters to the Court Manager and quote the claim number.

