



BEXHILL-ON-SEA TOWN COUNCIL
35 Western Rd, Bexhill TN40 1DU

Allotment Plot Inspection Form

Allotment Site: _____

Inspection Date: _____

Name of Plot Holder: _____ **Plot No:** _____

Inspector's Name: _____

General Plot Condition: _____

Area Inspected Observation: _____

Compost Area: _____

Crop Rotation: _____

Cultivation: _____

Description Location Condition: _____

Description Observation: _____

Fencing: _____

General Health: _____

General Weed Control: _____

Hoses: _____

Other Equipment: _____

Overall Appearance: _____

Paths: _____

Pests: _____

Plant Supports: _____

Planting: _____

Rakes: _____

Shed: _____

Soil Quality: _____

Tools and Equipment: _____

Watering Cans: _____

Wheelbarrow: _____

Any Other Observations: _____

Inspector's Signature: _____

Town Council Representative's Signature: _____

Plot Holder's Signature: _____