Petition to Council

This form is for the attention of the Shire President and Councillors at the Shire of Toodyay

CORRESPONDENT *(for correspondence – i.e. the person managing the petitions)*

Full Name: _____ Phone No.: _____
(include Title, initials and surname)

Postal Address: _____

Email: _____

Signature: _____ Date: _____

PETITION DESCRIPTION

We, the undersigned, do respectfully request that the Council:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Names and address of petitioners are as follows:

DATE	FULL NAME	ADDRESS	SIGNATURE

Administration Centre
15 Fiennes Street (PO Box 96)
TOODYAY WA 6566

T (08) **9574 9300**
F (08) 9574 2158
E records@toodyay.wa.gov.au
W www.toodyay.wa.gov.au

Names and address of petitioners are as follows:			