

# Public Submission Registration Form

Date of Council Meeting: \_\_\_\_\_

Agenda Item and Name: \_\_\_\_\_

Please indicate if you are speaking for or against the recommendation listed in the Agenda.

For

Against

## CONTACT DETAILS

Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Organisation Name (if applicable): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Are you an Elector of the Shire of Toodyay?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submission to Council:

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Please return this form to the Shire of Toodyay.

*Privacy Statement: In accordance with privacy requirements, the Submitter's address will not be made public. The information collected will only be used for matters related to Public Submission Time.*

