

Petition

To the Mayor and Council Members of Alexandrina Council

Part 1

Head Petitioner (contact person):

Telephone Number:

Address:

Must include full street address,

Suburb and postcode to be counted

Part 2

The petition of (identify the individuals or group, e.g. Residents of Alexandrina Council)

Part 3

Draws the attention of the Council to (identify the circumstances of the case)

Part 4

The petitioners therefore request that the Council (outline the action that the petitioners are requesting Council should or should not take)

Part 5

Please use **CAPITAL LETTERS**

FULL NAME (i.e. JOHN SMITH)	FULL ADDRESS (i.e. 11 CADELL STREET, GOOLWA, SA, 5214)	SIGNATURE

Continued

Petition

To the Mayor and Council Members of Alexandrina Council

Head Petitioner (contact person):

Telephone Number:

Outline the action that the petitioners are requesting Council should take or not take **(Copy Part 4 on the first page);**

Please use **CAPITAL LETTERS**

FULL NAME (i.e. JOHN SMITH)	FULL ADDRESS (i.e. 11 CADELL STREET, GOOLWA, SA, 5214)	SIGNATURE

This sheet may be copied and used for additional pages of the petition.