PETITION

To the Mayor and Councillors of Alexandrina Council

Part 1.		
Head Petitioner (contact person):		
Telephone number:		
Address:		
Must include full street address, suburb and postcode.		
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 (id	dentify the circumstances of the case)	
Part 4. The netitioners therefore request that the second	he Council (outline the action that the petitioners a	ere requesting Council
should or should not take)	ne Council (outline the action that the petitioners a	are requesting council
Part 5.		
Please use CAPITAL LETTERS		
FULL NAME (i.e. JOHN SMITH) (FULL ADDRESS (i.e. 11 CADELL STREET, GOOLWA, SA, 5214)	SIGNATURE

PETITION

To the Mayor and Councillors of Alexandrina Council				
	Head Petitioner (contact person): Telephone number:			
	etitioners are requesting Council should take or no	ot take (Copy Part 4 on the first page);		
Please use CAPITAL LETTI				

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