

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.

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Part 2.

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

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Part 3.

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

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Part 4.

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

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Part 5.

Please use **CAPITAL LETTERS**

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

