Example only – petition sheet to Council

Date

City of Kwinana
ATTN: Mayor
PO Box 21
KWINANA WA 6966

We, the undersigned electors of the City of Kwinana request that Council considers (INSERT A SHORT DESCRIPTON OF THE PROPOSAL).

As the initiator of this petition, my name is _____

I can be contacted on (telephone number) if further information to this matter is required.

Full Name	Full Address	Signature

Note – As per clause 14 of the City of Kwinana Standing Orders Amendment Local Law 2010, the subject of the petition must be at the top of each page.

UNCONTROLLED DOCUMENT WHEN PRINTED