Petition to Townsville City Council

If any further signatures required, a copy of this page must be used each time. Pages of signatures without the information provided on this form will not be accepted. Photocopies will not be accepted.

Petition Request

We the undersigned request that Council give consideration to: _____

_____

_____

_____

Name and Address of Principal Petitioner (if no Principal Petitioner is appointed, the first signatory on the petition will be nominated Principal Petitioner)

Name: _____

Address: _____

_____ Postcode: _____

Best daytime phone contact: _____ Email: ____ _____

Signature _____

Signature of Petitioners:

Date	Print Name	Print Address	Signature

*PLEASE INCLUDE NUMBER OF PAGES EG. Page 1 of 5

PAGES ___/___