

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.

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

Principal Petitioner Name: _____

Address: _____ Postcode: _____

Best daytime phone contact: _____ Email: _____

Signature _____

Petition Request

We the undersigned request that Council give consideration to:

Signature of Petitioners:
The personal details provided on this form by both the principal petitioner and persons signing a petition, are likely to become a public record. Your participation is not anonymous.

No	Date	Name	Signature	Address	Postcode
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