

Once completed, please s Email: In person or by mail:	submit to the Shire President by: shire@mundaring.wa.gov.au 7000 Great Eastern Highway, Mundaring			
Correspondence in respect to this petition should be addressed to (mandatory fields)				
Lead Petitioner Full Name:				
Address:				
Organisation (if applicable):				
Phone (m):	Email:			
As initiator of this petition, I am the primary point of contact and I am responsible for advising petitioners of the outcomes of this petition:				
Signature:	Date:			
Petition				
(Set out a concise statement of Reasons (Summary of reasons support	of the request to be repeated on each page of the Petition).			

Note: Signatories follow on additional page(s)

7000 Great Eastern Highway Mundaring WA 6073 Ph: 9290 6666 shire@mundaring.wa.gov.au www.mundaring.wa.gov.au

We, the undersigned electors of the Shire of Mundaring, request that Council:

Please write clearly to enable elector details to be verified. Only Shire of Mundaring Electors will be included in the official signature count.

All petitions tabled are public documents, which may be inspected by members of the public at any time. This is provided for under Section 5.94 (P)(i) of the *Local Government Act 1995*.

Please note, petitions are not able to be signed electronically.

Date	Full Name (Block Letters)	Address (Block Letters)	Signature

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