

OFFICE USE ONLY

Date received:

## PETITION SUBMISSION FORM

Council will only use the personal information collected for the intended purpose, to remain in contact with you regarding the petition and for the associated functions and services of Council. Council is authorised to collect this information in accordance with the Local Government Act 2009 and associated laws. Access to your personal information will only be provided to the appropriate Council employees and authorised officers. Your personal information will only be disclosed to third parties with your consent, or if required to do so by law. Your personal information is handled in accordance with Council's Privacy Policy.

This form is to be completed when members of the public wish to submit a petition to Council. Please refer to the Petitions Procedure for further information. All correspondence regarding this request will be directed to the Principal Petitioner. Petitions presented at Council Meetings will be published on Council's website as required by section 254F of the *Local Government Regulation 2012*.

P: 07 5329 6500 | E: mail@noosa.qld.gov.au | W: www.noosa.qld.gov.au | PO Box 141 Tewantin Qld 4656 | ABN: 97 969 214 121

Principal Petitioner Details								
Contact Name								
Preferred Contact Number		Email						
Residential Address								
Street Number and name								
Suburb		State		Post Code				
Declaration								
I submit this Petition Submi presentation to Council.	ssion Form as the Principal	Petition	er for the below	petition to be	e considered for			
Name:	Signature:		Date:					
Petition Request (Please outline the details and reasons for the petition)								
No. of Signatories:								
Purpose of the Petition:								
We, the undersigned, hereby respectfully request the Noosa Council								
Further Details:								

Meeting Date:



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Principal Petitioner Details							
Contact Name:							
Contact Details:							
Petition Request							
Purpose of the Petition:							
PETITIONER DETAILS (minimum of 10 signatories required)							
No.	NAME	ADDRESS (including postcode)	Are you a Noosa resident?	SIGNATURE			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							