# *<<Please overtype this red text with Title of Petition >>*

**Head Petitioner Details**

| Name: |  |
| --- | --- |
| Address: |  |
| Telephone / Mobile: |  |
| Email: |  |
| Signature: |  |
| Date submitted to Council  |  **/ / 20** |

**Petition Details**

|  |  |
| --- | --- |
| Total Number of Signatories:  | Total Pages (excluding this Title Cover Page): |
| **INTERNAL USE ONLY** |
| **Date received by Chief Executive Officer** |  / / 20 |
| **Submission method:** | [ ]  In personSwan Hill Rural City Council – Swan Hill Office[ ]  In personSwan Hill Rural City Council – Robinvale Office[ ] MailChief Executive OfficerSwan Hill Rural City Council 45 Splatt StreetSWAN HILL VIC 3585[ ]  Email council@swanhill.vic.gov.au[ ]  Online via Council website |
| **Document assessed as (Circle)****If Joint Letter – staff assigned to. If invalid, reason why.** | Petition | Joint Letter | Joint Submission | Invalid |
| **To be heard at Council Meeting on (if applicable)** |  / / 20 |
| **Acknowledgement of receipt to Head Petitioner**  |  / / 20 |
| **INTERNAL DOC REF:** |  |

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| --- | --- | --- | --- |
| **Line No:** | **Full Name** | **Full Address** | **Signature** |
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