# *<<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 person  Swan Hill Rural City Council – Swan Hill Office  In person  Swan Hill Rural City Council – Robinvale Office  Mail  Chief Executive Officer  Swan Hill Rural City Council  45 Splatt Street  SWAN HILL VIC 3585  Email  [council@swanhill.vic.gov.au](mailto: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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