Petition

To the Mayor and Councillors of the City of Onkaparinga

Petition contact person:	
Telephone:	
Address:	
Email:	
Date:	

The petition of: (*identify the individuals or group, eg 'residents of the City of Onkaparinga'*)

Draws attention of the Council: *(identify the circumstances of the case)*

The petitioners therefore request that the Council: *(outline the action that the Council should or should not take)*

Name	Address	Signature

(Identify the details of the petition on each page)

Name	Address	Signature

(Identify the details of the petition on each page)

Name	Address	Signature

Attach additional sheets as required