

Petition of Electors of the City

To the Mayor and Councillors of the City of Joondalup

			ndalup, do respectfully reque	
Correspond Name:	ence in respect of this	petition should be ad	dressed to: Email:	
Telephone:			Mobile:	
Address:				Postcode:
	nd addresses of your p	etitioners are as follow	ws (minimum of 25 Electors to	
Date	Full Name	Address (stree	Address (street number, name and suburb)	

NOTE: Petitioners may contact the City on 9400 4000 if they wish to withdraw from this petition or change their comment.

Please write clearly to enable elector details to be verified. Only City of Joondalup electors will be included in the official signature count.

City of Joondalup | Boas Avenue Joondalup WA 6027 | PO Box 21 Joondalup WA 6919 | T: 9400 4000 F: 9300 1383 | joondalup.wa.gov.au FORM 86 - LAST UPDATED NOVEMBER 2016