

# PETITION

To the Council of the City of Playford:

We, the undersigned residents of *(insert street, suburb or area)* petition the Council and ask that ***(insert the details around petition or request)***

The contact person for this petition is:

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Address)                      \_\_\_\_\_ (Phone)

Petitions are required to be submitted in writing to the Chief Executive Officer 5 clear days prior to the next Council or Committee Meeting via post or email:

City of Playford


12 Bishopstone Road

DAVOREN PARK SA 5113

or

[governance@playford.sa.gov.au](mailto:governance@playford.sa.gov.au)

	NAME	ADDRESS	PHONE NUMBER	RESIDENT or RATEPAYER? <i>(Please specify)</i>	SIGNATURE
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	<b>For internal use only</b>		Version No.:	2.0
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	Authorised by:	Senior Manager, Corporate Services	Date of Current Version:	24 Feb 2016
	Document Maintained by:	Corporate Services, Governance	Next Review Date:	Feb 2017

**PETITION: Regarding** *(insert subject matter)*

	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>	<b>RESIDENT or RATEPAYER?</b> <i>(Please specify)</i>	<b>SIGNATURE</b>
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This petition will be a public document.