

To the Chief Executive Officer, Mid Murray Council, Principal Office, 49 Adelaide Road, Mannum SA 5238

**Notes:** The petition is to be completed in accordance with clause 10 of Council's [Code of Practice Procedure at Meetings](#)

The petition must be received by Council's CEO by 5.00 pm, at least seven (7) clear days before the meeting at which the petition is to be presented, and should be accompanied by a covering letter.

## 1. Petition Contact Person (Head Petitioner):

**Full Name:\***

**Email Address:\***

**Phone Number:\***

**Address:\***

## 2. Date Petition Initiated:\*

## 4. The petition of: *(Identify the individuals or group, e.g. residents of the Mid Murray Council)*

## 5. Draws the attention of the Council: *(Identify the circumstances of the case)*

## 6. The petitioners therefore request that the Council: *(Outline the action that the Council should or should not take)*

Identify the details of the petition on each page

|  |
|--|
|  |
|--|

| Name | Full Address (Postal or Street)<br><i>(if you reside outside of the Mid Murray Council area,<br/>please indicate if you own a property or business within<br/>the Mid Murray Council district)</i> | Signature |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |

**Attention:** This petition is a public document. By signing it, you understand that your name, address and signature will be made available to the public. Mid Murray Council will record these details for the purpose of this petition only.

Identify the details of the petition on each page

|  |
|--|
|  |
|--|

| Name | Full Address (Postal or Street)<br><i>(if you reside outside of the Mid Murray Council area,<br/>please indicate if you own a property or business within<br/>the Mid Murray Council district)</i> | Signature |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |
|      |                                                                                                                                                                                                    |           |



Attach additional sheets if required

**Attention:** This petition is a public document. By signing it, you understand that your name, address and signature will be made available to the public. Mid Murray Council will record these details for the purpose of this petition only.