

# PETITION – CITY OF MARION

To His Worship the Mayor and Councillors of the City of Marion

Date Petition Initiated: \_\_\_\_\_

Petition Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**The petition of** *(identify the individuals or group, e.g. residents of the City of Marion)*

**Draws the 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 (if you reside outside of the City of Marion, please indicate if you own a property or business within the City of Marion)	Signature	
		Y / N	

This petition is a public document. By signing it, I understand that my name, address and signature will be made available in the public realm. The City of Marion will record these details for the purpose of this petition only.

--

[illegible]

Attach additional sheets if required

This petition is a public document. By signing it, I understand that my name, address and signature will be made available in the public realm. The City of Marion will record these details for the purpose of this petition only.