

Petition to the Somerset Regional Council

Principal Petitioner

Name:			
Address:			
Postal Address:			
Contact Phone:			
Signature:		Date:	

We, the undersigned residents / ratepayers of Somerset Regional Council, request that Council:

(state action required)

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Names of Petitioners

Name	Residential Address	Signature

Post to: Chief Executive Officer
Somerset Regional Council
PO Box 117
ESK QLD 4312

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Name	Residential Address	Signature

Signature of Principal Petitioner