# PETITION TO THE CITY OF VINCENT

**TO:** Chief Executive Officer City of Vincent

244 Vincent Street

LEEDERVILLE WA 6007

# SUBMITTED BY:

Name: Address: Phone Number: Mobile: (office use only – to remain confidential) Email Address: (office use only – to remain confidential) (All correspondence will be addressed to the person submitting this Petition)

*[Insert information on what is requested from the Council and the facts or reasons to support such action]*

We the undersigned respectfully request that the Council:

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| **FULL NAME** | **ADDRESS (Number, Street & Suburb)** | **SIGNATURE** | **DATE** |
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