PETITION FORM

To: Chief Executive Officer
City of Cockburn
9 Coleville Crescent
SPEARWOOD WA 6163

PO Box 1215
BIBRA LAKE WA DC 6965

We, the undersigned electors of the City of Cockburn request *(clearly define the purpose)*

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for the following reasons (*provide summary of reasons supporting requests*)

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As the initiator of this petition, my name is ……

For further information I can be contacted via email ……

or by telephone ……

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Version: 2, Version Date: 06/11/2024

Name	Address	Signature	Date