

PETITION TO BASILDON COUNCIL

Contact details of the Lead Petitioner:

(This is the person the Council will contact with a response to the petition)

| Name (Please print) | Address inc. Postcode (Please print) | Live | Work | Study | Signature |
|------------------------|---|-----------------------------|------|-------|-----------|
| | | | | | |
| | | Please tick appropriate box | | | |

Contact details:

Tel: (Work) (Home)
 (Mobile)..... (Email)

We the undersigned petition the Council to:

Please send your petition to: Basildon District Council
 Democratic Services
 St Martin's Square
 Basildon
 Essex SS14 1DL



Page ____ of ____

We the undersigned petition the Council to:

Signature and details of those signing this petition:

Note: Individuals signing this petition must live, work or study in the District of Basildon area.

| Name (Please print) | Address inc. Postcode (Please print) | Live | Work | Study | Signature |
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| | | Please tick appropriate box | | | |
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