

Intention to Address Council Submission Form – Deputations

Name:			
Address:			
Signature:		Date:	
Are you an	elector of the Shire (please tick)?	Yes	No
Please be o	advised that at the meeting on		, I intend to address the
Agenda Ite	m No:		
Subject Ma	tter:		
Basis of Add	dress:		
Please indices within the a	cate whether you are speaking for	or against th	ne recommendation listed
For	Against		
	ure you provide a copy of your full included in the Council Minutes of		
sheet. Than	formation on addressing Council p lk you for taking the time to compl ne Shire of Northam on one of the I	ete this form	. Once completed please
Email: Phone:	ceosec@northam.wa.gov.au (08) 9622 6100	Fax:	(08) 9622 1910
In person:	395 Fitzgerald Street NORTHAM WA 6401	Mail:	PO Box 613 NORTHAM WA 6401