

PETITION



To:

Council of Town of Gawler
43 High Street Gawler East SA 5118
PO Box 130 Gawler SA 5118

The contact person for this petition is:

Name:	
Address:	
Phone:	

We, the undersigned, request Council _____
(insert details around the petition/request)

	Name	Address	Signature	Resident / Ratepayer / Visitor
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