PETITION TO BASILDON BOROUGH 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 ti	ck appropi				
Tel: (Work)(Mobile)			(Home) (Email)					
We th	We the undersigned petition the Council to:							

Please send your petition to:

Basildon Borough Council Committee and Member Services St Martin's Square Basildon Essex SS14 1DL



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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 Borough of Basildon.

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



Page	_ of	
We the unde	ersigned 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	Address inc. Postcode	Live	Work	Study	Signature
(Please print)	(Please print)	Please tick appropriate box			Signature

