Petition to Isle of Wight Council

Contact details of the lead petitioner:
(the person who the council will contact with a response to the petition)

Name (please print)	**Address** (please print)	**Signature**

Contact details: Tel. _____ _____ Email_____

Please send your petition to: Corporate Governance Manager, Isle of Wight Council, County Hall, Newport, Isle of Wight, PO30 1UD

Topic of petition:_____

We the undersigned petition the council to:_____

_____

_____

_____

Closing date:_____

Note: Individuals signing this petition must live, study or work on the Isle of Wight. If you do not live on the Island then please indicate whether you work or study here. Signatures without a full address will not be counted.

Signatures and details of those signing this petition:

Name (please print)	**Full address** (please print)	**Signature**

Page ____ of _____

Topic of petition:_____

We the undersigned petition the council to:_____

_____

_____

_____

Note: Individuals signing this petition must live, study or work on the Isle of Wight. If you do not live on the Island then please indicate whether you work or study here. Signatures without a full address will not be counted.

Name (please print)	**Address** (please print)	**Signature**