

Public Question Time Registration s.5.24 of the Local Government Act 1995

Name(s): Address: Postal Address (if different):					
			Organisa	ation (if applicable):	
			Phone:	Mobil	le:
			Fax:	Emai	il:
	Are you an elector of the Shire of Too	dyay: Yes No			
Privac		rements, the Questioner's address will not be made public. The			
	•	ed for matters related to Public Question Time.			
	Flease be advised that i inter	nd to ask the following questions:			
If you	require extra room please attach your	further information			
Signature:		Date:			
	Administration Centre T 15 Fiennes Street (PO Box 96) F TOODYAY WA 6566 E	(08) 9574 2158			

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www.toodyay.wa.gov.au