

Public Question Time Registration

Date of Council Meeting.				
Applicant's Name(s):				
Organisation (if applicable):				
Applicant's Address:				
Postal Address (if different):				
Phone:	Mobile:			
Fax:	Email:			
Privacy Statement – In accordance with privacy requirements, the Questioner's address will not be made public. The information collected will only be used for matters related to Public Question Time.				
Please be advised that I inter	nd to ask the fol	lowing questi	ons:	
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	•••••			
If you require extra room please attach your further information				
Signature:		. Date:		
Are you an elector of the Shire o	of Toodyay:	☐ YES	□ NO	