Petition to Richmondshire District Council

Contact details of the Petition Organiser: (the person the Council will contact with a response to the petition)

	·	,
Name (please print)		
Address (please print)		
Telephone Number	(Home) (Work) (Mobile)	
Email	(Widdle)	
Signature		
Tick the box if y Council's website	ou are also running a linked E	-Petition on the
Title of the E-Petition (if app	olicable):	
Note: Individuals signing this reque	st must be persons residing, studyin	g or working in the District.
We the undersigned petiti	on the Council to:	· · · · · · · · · · · · · · · · · · ·
Please send your petition Richmondshire District Counc DL10 4JX.		Services Manager, ad, Richmond, North Yorkshire,
Signatures and details of	those signing this petition	
Name (please print)	Address (please print)	Signature
W 1 7	M 1 /	

We the undersigned petition the Council to:				
Note: Individuals signing this request must be persons residing, studying or working in the District.				
Name (please print)	Address (please print)	Signature		