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| C:\Users\lrlp210\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\8UNP15BS\City of Wton Council Logo (mono).jpg | **Public Petition** |

Please be aware that all personal data collected via this petition will be processed, upon submission to City of Wolverhampton Council, in accordance with relevant data protection legislation. Only the details of the lead petitioner will be shared with relevant officers and councillors. Should you wish to submit a public petition for consideration, please refer to the guidance leaflet Petitions and E-Petitions Scheme and the Guidance Notes at the back of this form.

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| **Petition Title** |  |
| **Petition Text (briefly describe your issue, problem or request and what you want the Council to do)** |  |
| **Total number of petition signatures** |  |
| **Contact information** |
| **Lead Petitioner** (You will be the contact for this petition) |  |
| **Address** |  |
| **Contact number** |  |
| **Email address** |  |
| **Should the Committee consider it necessary, in order to broaden its understanding of the petition, it may invite a petitioner to appear before and give an oral presentation and answer questions. Would you wish, if invited, to appear?**  | Yes / No |
| **Signature of lead petitioner** |  |
| **Date of submission** |  |
| **Please return completed forms to:** Democratic Services City of Wolverhampton Council Civic CentreSt Peter’s Square Wolverhampton WV1 1SH Email: democratic.services@wolverhampton.gov.uk Tel: 01902 550320 |

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|  | **Name (please print)** | **Home address** | **Work/educational establishment address** | **Signature** |
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Only sign this petition if you live, work or study in Wolverhampton. You must supply a valid home **address and postcode**. Please also include a work or educational establishment **address and postcode** if you do not live in Wolverhampton, otherwise the entry will be discarded. You are not allowed to sign this petition on behalf of any other person. Those wishing to participate in this petition must sign for themselves. Any replicate signatures will not be counted.

1. **Name of petitioner:**

Please insert your name or, in the case of a petition being presented on behalf of a group e.g. a community council, the name of the person who is to represent the group and who will be the main contact.

1. **Petition title:**

Please give your petition a title that relates directly to the subject matter.

1. **Text of petition:**

The petition should clearly state what action the petitioner wishes the Council to take. Please note that this should be **limited to no more than five lines of text**.

1. **Contact information:**

Please provide as much of the requested information as possible. This information is necessary for the administration of your petition. Please, in particular, provide a contact telephone number and e-mail address if you have one. This will enable the Democratic Services team to contact you quickly and efficiently in regard to your petition if necessary. **These details will not be published.**