Petition to Epping Forest District Council

Contact details of the Lead Petitioner:

(This is the person the Council will contact with a response to the petition)

Name (Please print)	Address inc. Postcode (Please print)	Live	Work	Study	Signature	
		Please tick appropriate box				
Contact details:						
Tel: (Work)	(H	ome)				
(Mobile)	Email					
We the undersigned petition the Council to: Please send your petition to:						

Please send your petition to: Assistant to the Chief Executive

Epping Forest District Council

Civic Offices High Street Epping, Essex CM16 4BZ

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Signature and details of those signing this petition: Individuals signing this petition must live, work or study in the Epping Forest District.

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		Please tick appropriate box			Ç

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