Official Petition Registration Form

Title	
First names:	
Postal Address:	
Residential Addre	ess:
Tel:	Fax:
Is this a group or in	dividual petition?
Have you attached i	names, signatures and addresses of people supporting the petition? Yes No
How did you hear a	bout the petitions process or the Gauteng Legislature?
Statement of Co (The matter that you was	omplaint nt to bring to the attention of the Legislature)
4, 11	

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			The state of the s
What do you want the	Legislature to do?		
			4
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Where have you taken yo	ur complaint before approac	ching the Legislature?	
Do you have responses fr attach relevant document	om bodies to whom you had ation.	d taken your matter before? If	yes, please
Signature*:	Date:		
3		1500	

Tel: 011 498 5555/5907 Fax: 011 498 5999 Website: www.gpl.gov.za

^{*} By attaching your signature you declare that the information contained above is true and correct to the best of your knowledge. False information may result in the non consideration of your petition.