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 t	ick approp	riate box	

Contact details:

Tel:	(Work)	(Home)			
	(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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We the undersigned petition the Council to:

Please send your petition to:

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

Name (Please print)	Address inc. Postcode (Please print)	Live	Work	Study	Signature
		Please tick appropriate box			Ŭ

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		Please tick appropriate box			Ŭ