District Council of Elliston

PUBLIC QUESTION TIME APPLICATION

NAME: .....
(Please Print)

ADDRESS: .....

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QUESTION:

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I hereby agree to abide by the Question Time Protocol (as detailed over page). I understand that the Chairman has discretion to terminate both question and response at any time, and to refer a question for submission as a Customer Service Request/Question, if necessary.

Please return form (either by mail or in person) to: Chief Executive Officer
District Council of Elliston
PO Box 46
ELLISTON SA 5670

.....
Signature

.....
Date

OFFICE USE ONLY

☐ To be included and answered in Minutes

☐ To be answered by Council Officer outside of Meeting

☐ Refer to next meeting

☐ Declined as per Clause 6.4 (d) of Public Question Time Procedure

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Signature

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Date