

PRESCRIBED FORM OF PETITION

To: The Council of the City of Welland
c/o City Clerk
60 East Main Street
Welland, ON L3B 3X4

I/We the undersigned, petition the Council of the City of Welland as follows: (max-1200 characters)

PRINTED NAME	PRINTED ADDRESS	SIGNATURE

By signing this petition, I hereby acknowledge that this petition will become a record belonging to the City of Welland and that all information contained in this petition will be available for viewing by the public and may be reproduced in a future Council Agenda.