

5. PERSON ABLE TO SUPPORT THE NOMINATION

Name:

Address:

Daytime Telephone No:

6. TO BE COMPLETED BY PERSON SUBMITTING NOMINATION

Name:

Address:

Daytime Telephone No:

COMPLETED FORMS MUST BE RETURNED BY

5pm Friday 13 November 2009

**To WENTWORTH SHIRE COUNCIL
PO Box 81, Wentworth 2648
or can be delivered to the Shire Offices
26-28 Adelaide Street, Wentworth
or can be emailed to council@wentworth.nsw.gov.au**

AND MUST BE MARKED CONFIDENTIAL