

WEST ARNHEM REGIONAL COUNCIL

LOCAL AUTHORITY

NOMINATION FORM

I, _____ of _____
(Name of Nominee) (Community name)

Would like to nominate to be a member of the Local Authority.

Upon my nominating, I understand that it will be the West Arnhem Regional Council that will decide if I become a member of the Local Authority.

Completed Nomination Forms are to be provided to the Council Services Manager at your community.

(Signature of Nominee)

/ /
(Date of signature)



Please return this form to the Council Service Manager at your community Council Office.



Dated: October 2021