



NOMINATION FORM

**CITY OF WANNEROO
COMMUNITY SAFETY WORKING GROUP**

(Return to: Coordinator Governance, City of Wanneroo, Locked Bag 1, Wanneroo, WA 6946)

Nominee Title	
Last Name	
Given Names	
Council	City of Wanneroo
Home address	
Email address	
Contact Details	
Home	
Work	
Mobile	
Occupation	
Qualifications	

I hereby submit my nomination and declare that all information I have provided is true and correct. I also certify that my nomination is made in accordance with Council's policy on representation (where applicable). Should my nomination be successful, I will make every endeavour to commit the time and effort necessary to undertake this position, and will adhere to the eligibility criteria.

Nominee:

Dated:

Please ensure you address each of the following selection criteria below.

Selection Criteria (Additional pages may be added if more room is required).

1. Are you a current resident of the City of Wanneroo?

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