



**Nomination Form**  
**Community Safety Working Group**  
City of Wanneroo

Closing Date: N/A

Return to: Council Support, City of Wanneroo, Locked Bag 1, Wanneroo, WA 6946

Or Email to: [CommunitySafety@wanneroo.wa.gov.au](mailto:CommunitySafety@wanneroo.wa.gov.au)

|                                     |  |
|-------------------------------------|--|
|                                     |  |
| Nominee Name                        |  |
| Last Name                           |  |
| Given Names                         |  |
| Home address<br>(Include Post Code) |  |
| Email Address                       |  |
| Mobile                              |  |
| Home                                |  |
| Work                                |  |
| Occupation &<br>Qualifications      |  |

|   |              |
|---|--------------|
|   |              |
| I hereby submit my nomination for:<br>.....<br>and declare that all information I have provided is true and correct. I also certify that my nomination is made in accordance with City'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. |              |
| <i>Signature:</i>   | <i>Date:</i> |

