To Democratic Services,

Tower Hamlets Council

1st Floor, Town Hall

Mulberry Place  
London E14 2BG

[committee.services@towerhamlets.gov.uk](mailto:committee.services@towerhamlets.gov.uk)

020 7364 4878

**Petition to Tower Hamlets Council**

Dear Democratic Services, please find attached a petition relating to…

…for your attention. The petition statement, which explains what action we would like the Council to take, and the names, addresses and signature of each person supporting the petition, can be found on the attached pages.

**Details of petition organiser**

|  |  |
| --- | --- |
| Name: | Address: |
| Email: | Telephone No: |

|  |  |
| --- | --- |
| Is the petition organiser under the age of 18? | YES / NO |
| Do you think that most of the people who have signed this petition were under the age of 18? | YES / NO |
| Petitions organised and signed by people under-18 are welcomed by the Council. To find out we ask the above questions and how they may affect your petition, please see Section 2 of the Council’s Petition Scheme ‘Petitions from Young People’, available at [www.towerhamlets.gov.uk/petition](http://www.towerhamlets.gov.uk/petition) | |

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| Tick this box if you are also running a linked petition on the Council’s website at [www.towerhamlets.gov.uk/petition](http://www.towerhamlets.gov.uk/petition) |  |  |

I believe this petition contains ………….signatures;

|  |  |
| --- | --- |
| **Preferred response**: I would like (tick one ONLY): |  |
| For this petition to be referred to a senior Council officer who will arrange for a response to be sent within 28 days of receipt by the Council; |  |
| To present this petition in person at a future meeting of the Council or relevant committee *[if the petition includes at least 30 signatures]* |  |
| For the Council’s Overview and Scrutiny Committee to consider the matter *[if the petition includes at least 1,000 signatures]* |  |
| For this petition to be debated by Councillors at a future meeting of the Council *[if the petition includes at least 2,000 signatures]* |  |

(note to petition organiser – please complete this cover page in full and print **one** copy. Please complete and then print as many copies of the following signature sheet as you feel necessary. All signature sheets must also include the petition statement. Combine all pages and return to the address above.)

We the undersigned petition the Council to…[Insert your own text]

|  |  |  |
| --- | --- | --- |
| Please complete each row in full in BLOCK CAPITALS (individuals signing this petition must be persons living, working or studying in the London Borough of Tower Hamlets). | | |
| FULL NAME | ADDRESS INC. POSTCODE | SIGNATURE |
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