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**NOMINATED BY: (All details below must be completed)**

Please provide your details:

Name: .....

Address: .....

.....

Telephone No: (bh) .....

Mobile: .....

Email: .....

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Return completed form by 4.00pm Wednesday 26 October 2022 to:

General Manager, Upper Lachlan Shire Council:

<b>POSTAL:</b>	<b>IN PERSON:</b>	<b>EMAIL:</b>
P O Box 42 GUNNING 2581	44 Spring Street, CROOKWELL 123 Yass Street, GUNNING 32 Orchard Street, TARALGA	<a href="mailto:council@upperlachlan.nsw.gov.au">council@upperlachlan.nsw.gov.au</a>