**PETITION COVER SHEET**

**PETITION OF:………………………………………………………………………………………………………………….**

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| **Contact details for the petition** |
| Title: | First Names(s): |
| Last Name: |
| Address Line 1: |
| Address Line 2: |
| Address Line 3: |
| Town: | County: |
| Post Code: |
| Daytime Telephone: | Mobile: |
| Email Address: |

|  |
| --- |
| **Contact details of the Agent for the petition if applicable** |
| Title: | First Names(s): |
| Last Name: |
| Address Line 1: |
| Address Line 2: |
| Address Line 3: |
| Town: | County: |
| Post Code: |
| Daytime Telephone: | Mobile: |
| Email Address: |

**I prefer to be contacted (please tick) (a) directly [ ] (b) via my agent [ ] (c) both [ ]**

I understand:

1. that a copy of this petition, including any contact details which I have included but without my signature, will be placed on the parliamentary website and a hard copy will be made available to anyone who asks for it.
2. that a copy of this petition together with this sheet will be:
	1. kept in the Private Bill Office and subsequently kept as a record of Parliament in the House of Lords Record Office (where it can be accessed by the public under the Freedom of Information Act 2000);
	2. will be made available to the Parliamentary Agent responsible for the bill once my petition has been deposited in the Private Bill Office.
3. that the personal information supplied above and on the petition may be kept in a database by either or both Private Bill Offices. These databases may be used to store summaries of e-mails and/or conversations for the purpose of keeping track of procedural advice/information given to the parties or received from them. This information will only be shared between the Private Bill Offices unless prior permission has been obtained from the petitioner/agent concerned.

I agree to obey and observe the orders and practice of the House of Commons and any rules prescribed by the Speaker in relation to the proceedings on this petition.

Signature of [petitioner/agent/member/officer]:

**[THE ABOVE SHEET MUST BE COMPLETED IN FULL IN BLOCK CAPITALS AND A COPY STAPLED TO TWO OF THE FOUR COPIES OF YOUR PETITION. IN THE CASE OF ORGANISATIONS, THE MEMBER/OFFICER ACTING AS PETITIONER SHOULD FILL IN THE ‘AGENT’ BOX.]**

**[PLEASE REMEMBER TO DELETE THIS TEXT IN RED BEFORE PRINTING.]**