

Greg Piper MP
Independent Member
for Lake Macquarie



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APPOINTMENT REQUEST FORM

Name: _____

Address: _____

Phones: Home _____ Work _____
Mobile _____

Email: _____

STATE GOVERNMENT ISSUE: _____

Brief background: _____

Who have you already contacted in relation to this issue? (eg: State govt dept)
What was their response?

What would you like Mr Piper to do to help you?

If more space is required, please use other side or attach another sheet.

| | | | |
|-----------------|-------|--------------------------------|------------------------------|
| Office use only | Date: | Diary <input type="checkbox"/> | AOB <input type="checkbox"/> |
| | Time: | | |