Birthday Messages

(90th and every fifth year thereafter)



Name of Person Requesting Message			
Postal Address of Person Requesting Message	Street:		
	Suburb/Town:	State:	Postcode:
Contact Telephone Numbers	Daytime:	Mobile:	
Signature			
Surname of Recipient			
Given Names of Recipient			
Preferred First Name if different from above			
(Example – Given Name Robert but known as Bob or Given Name Susanna but known as Sue)			
Date of Birth			
Please note that documentary evidence copy of a Birth Certificate)	must be attached to the	application identifying the	year of birth (i.e. a
Recipient's Residential Address	Street:		
	Suburb/Town:	State:	Postcode:
Recipient's Postal Address (If different from above)	Street:		
	Suburb/Town:	State:	Postcode:
If available would you like a special visit by the Mayor or Councillor	Yes No		
 For Information Recipients must all be residents of the Application forms should be received anniversary (Applications received out arrive on the date of the anniversary) Further acknowledgment can be acquired 	a minimum (1) month ar side these guidelines wi	nd maximum (6) months prion Il be processed but cannot b	e guaranteed to

Please complete this form, attach copies of the required documents and return via Post to: **Tracy Hart** Executive Assistant to the Mayor and Elected Members City of Port Adelaide Enfield

PO Box 110, Port Adelaide SA 5015

https://congrats.apply.sa.gov.au

Or email to service@cityofpae.sa.gov.au

CIVIC CENTRE

163 St Vincent Street, Port Adelaide SA 5015 PO Box 110.

COUNCIL OFFICES

Enfield Library I Kensington Crescent, Enfield Greenacres Library Port Adelaide SA 5015 2 Fosters Road, Greenacres

CONTACT

P (08) 8405 6600 E service@cityofpae.sa.gov.au

www.cityofpae.sa.gov.au



