

Council Contact Form

Local Government Health Plan

Council and contact details

Council Name: _____

Postal Address: _____

Physical Address: _____

Primary Contact (for Local Government Health Plan purposes)

Full Name: Mr/Mrs/Miss/Ms _____

Position/Title: _____

Phone: _____ Email: _____

Postal Address (if different from above): _____

Secondary Contact (for Local Government Health Plan purposes)

Full Name: Mr/Mrs/Miss/Ms _____

Position/Title: _____

Phone: _____ Email: _____

Postal Address (if different from above): _____

Returning this form

Make a copy of this form for your records and email a copy (or post the original) to:

Post: Ian McKenzie
Head of Corporate Partnerships
Choosewell
PO Box 6793
Melbourne VIC 3004

Email: ian.mckenzie@choosewell.com.au