

**TO: The Administrator, Port Macquarie-Hastings Council**

**RE: NO CONTRACT, NON CONSENT TO ACCEPT SUPPLY OF FLUROIDATED WATER**

I, .....(full name), **DO NOT CONSENT** to having fluoride (in any form) or any other substance, administered to me through the Port Macquarie-Hastings town water supply for the purpose of medication or supplementation. Furthermore, **I DO NOT CONSENT** to any **ALTERATION AND/OR VARIATION** in the implied terms of the established implied **CONTRACT** I have with the Port Macquarie-Hastings Council (or whatever the designated name and supplier may be from time to time) on the one part for the supply of drinking water, clean, pure and uncontaminated, in return for me, on the other part, by payment of a compulsory levy for the provision of such clean pure uncontaminated drinking water to my premises at:

(address) .....

SIGNED ....., DATED, this .....day of ....., 2010

- ***Please SEND completed forms to Gwarehouse, 1/14 Fernhill Road, Port Macquarie 2444 (Be sure to keep a copy for your own records).***
  - *Once a minimum number of forms have been collated, they will be presented direct to the council administrator at an upcoming council meeting. For information on how to avoid exposure to fluoride chemicals, visit Gwarehouse or call 6581 2411*
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