SUBMISSION FORM



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Person or Organisation Ma Full name/Name of Organisa	_	ubmission:	
Contact person (if different from a	above):		
Postal address:			
Telephone numbers:			
Fax and Email:			
Submission: My submission (Please ✔):		Supports the proposal Opposes the proposal Is Neutral toward the proposal	
Do you wish to be heard in	respec	t of your submission? (Please 🗸)	Yes 🗌 No
**		additional pages if required): support/oppose/am neutral toward are:_	

The reasons for making my submission are:				
A pay fourth are compared to a real respection to				
Any further comments or suggestions:				
Signature: Date:				
(or person authorised to sign on behalf of submitter)				

Note

- In accordance with the Privacy Act 1993, submissions will be made available for viewing by Council and members of the public.
- This form is for your convenience only. You may make a submission that addresses the points above in a letter or other suitable format.
- Submissions will not be returned, so please keep a copy.