

Submission Form

Please note these spaces with an * must be completed.

*To: *(Name of council)*.....

*Name of Submitter: *(Full Name)*

.....
.....
.....

This is a submission on the Proposed *(name of plan or policy statement)*

The specific provisions of the proposal that my submission relates to are: *(give details) This can be on a separate sheet in a table format as attached- must also include whether you support or oppose the provision, the reasons and the decision you want as a result of your submission.*

*I do / do not wish to be heard in support of my submission *(delete one)*

*If others make a similar submission, I would / would not *(delete one)* consider presenting a with others making a similar submission at a hearing.

*If Organisation, Contact Person:

.....

*Postal Address:

.....
.....
.....

*Telephone Numbers: (Home):

.....

(Mobile):.....

(Work):

Fax Number:

.....
..

Email:.....
.....

Signature(*note signature not required if emailing*)

*Date:/...../.....

	Matter of concern
<i>Plan Provision</i>	
<i>Clause or Number</i>	
<i>Page</i>	
<i>Support</i>	
<i>Oppose</i>	
<i>Reasons</i>	
<i>Decision Sought</i>	

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