submission form

Your Submission

You may use this form for your submission if you wish. Whether you use this form or not, please follow the guidelines for preparing submissions on the previous page.

Name .	Lois Blyth
Address	434 Innes Road, Christchurch
Contact Telephone	3-857-475
Email (if applicable)	- · ·
Signature	L Blyth
Please tick which ::pplies:	
I do NO⊤ wish considered,	to make a personal submission at the hearing, and ask that this written submission be
I wish to talk to and Friday 1	to the main points in my written submission at the hearings to be held between Tuesday 1 June 1 June 2004.
Sin -	I wish to protest at he
Lev n	year which has been proposed.
This mil	e disadvantage pensioners i lower
Acrio ec	nomic groups, christehneh has a
langer f	noportion of older people from
The ma	tional average.
The	e may be health concerns
when	people do not dispose of
Leaces	regularly or in appropriate
How he	above reasons de Council should
continu	· to issue 52 lags per year fer household.
Please continue your submission on the back of this page. You may add more pages if you wish. Draft - Part 2	
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