Our Community Plan Submission Form

Instructions

Please read before completing your submission

It will help us process your submission if you clearly state the issue you want the Council to consider, what specific action you think the Council should take, and why that should be done.

If you wish, you can present your submission at a hearing. (If that is the case, please tick the box). The hearings will be held between Thursday 25 May and Wednesday 7 June 2006. Generally, 10 minutes are allocated for hearing each submission, including time for questions.

It will help us if your submission also refers to the page of either the full version or the summary version.

Please note: We are legally required to make all written or electronic submissions available to Councillors and to the public. This includes the name and address of the submitter. All submissions will be published on the Council's website from 10 May 2006.

No anonymous submissions will be accepted.

You may send us your submission:

By mail

Please mail your submission (no stamp is required) to:

Freepost 178
Our Community Plan
Christchurch City Council
PO Box 237
Christchurch 8003

By email

Please email your submission to: ccc-plan@ccc.govt.nz
Please make sure that your full name and address is included with your submission.

On the internet

You may enter your submission using the form provided on the Council's web site at http://www.ccc.govt.nz
Please follow all the instructions on the web site.

Please remember to indicate if you wish to present your submission in person at one of the hearings.

Please ensure your submission arrives no later than Friday 5 May 2006.

Your submission

You may use this form for your submission on our draft Community Plan if you wish. Whether you use this form or not, please include your name, address and contact telephone number with your submission.

Tick I do NOT wish to present my submiss	sion at the hearing, and ask that this writt	en submission be considered		
AND T	y written submission at the hearings to be	b held beween Thursday 25 May and		
Are you completing this submission:	For yourself On	On behalf of a group or organisation		
If you are representing a group or organisation,	how many people do you represent?			
My submission refers to: Full version	Page No. Summa	ry version /5 Page No.		
Do you also want to respond to: Deve	lopment Contributions Aquatic	Facilities & Other		
Contact Name MICALLEF	GLOCIANNE	¢		
Organisation name (if applicable)	4.			
Contact Address /+, /	PRACOCK PLC			
	SWANNANON			
Phone No. (day) 03 310 6485	Phone No. (evening)	OL113 73776.		
Email (if applicable)	<u> </u>			
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