Summary 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 the draft Our Community Plan if you wish. Whether you use this form or not, please include your name, address and contact telephone number with your submission.

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If you are represe	nting a group or organi	sation, how many people d	o you represent?		
My submission re	fers to: Full versi	on Page No.	Summar	y version	Page No.
Do you also want	to respond to:	Development Contributio	ns Aquatic F	acilities	Other
Contact Name	Mison you	my.			
Organisation name (if applicable)				
Contact Address	49 Bom	ne St			
	Papann	1			
Phone No. (day)	35212	43F	Phone No. (evening) _	35 21	263
Email (if applicable)					
Signature		3	Date _.	4.5.0)6

Summary submission form

Questions	projects in the
Do you have any comments on the major projects in our draft O	ur Community Plan? page number summary docur
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Do you have any comments on groups of activities (the activities	
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