

Representation Review Submission Form

Complete this form to make a submission on the Representation Review.

First name*:

Last name*:

Organisation (if applicable):

Phone* (landline or mobile):

Email*:

Postal address*:

*we require you to provide your name and at least one way of contacting you.

Make your submission by either:

1) Putting this form in a sealed envelope and posting it to

FreePost Authority Number 95136
Representation Review Consultation
Timaru District Council
PO Box 522
TIMARU 7940

or

2) Scanning this form and emailing it to submission@timdc.govt.nz

All submissions must be received by Council by the close of consultation, being 5pm 7 July 2024.

Your feedback

Do you want to speak about your submission at a Hearing? (tick a circle)**:

Yes

No

**must complete. If you do not complete, we will assume you do not wish to speak.

Do you support the Initial Proposal? (tick a box):

Yes

No

Make any comments about why you do or do not support the Initial Proposal.

What changes, if any, would you like to see to what is proposed?

Need more room? Please use extra paper if required and attach with your submission.

Privacy Statement

All submissions are public information and will be included on Council's website or in public documents located at Council offices and Libraries/Service Centres. This will include your name and, if applicable, the organisation you represent.

The contact information (phone number and/or email address and/or postal address) that you provide via the submission form will not be made publicly available. Your contact information will be accessible to and used by Council staff only for submission administration purposes. The content of any attachment/s that you include in your submission, including private details and contact information, may not be redacted.

All information is held by Council in accordance with the Privacy Act 2020. You have the right to access and correct personal information.