

4. I/we seek the following decision from the Local Authority [give details]:

5. If others make a similar submission, I/we will consider a joint case with them at a hearing.

YES/NO [delete one]

6. I/we DO/DO NOT [delete one] wish to be heard in support of my/our submissions.

Signature of person making submission or persons authorised to sign on behalf of person making submissions.

Date: / / 2010

Address for Service of Person Making Submission:

Address:

If a group -
Contact Person:

[Name, Designation and telephone number if different from above.]

Telephone No:

Fax No.:

Email No:

Please note in accordance with the Local Government Act 2002, personal information forms part of the public consultation process for the proposal and as such will be reproduced as an attachment to a publicly available Council agenda and will remain on the Council minute records.

A hearing of submissions may be held after the closing of the public consultation period and will be publicly notified.

SUBMISSIONS CLOSE 12.00pm ON FRIDAY 16 JULY 2010.

Please return your completed submission form to:

Submission – Gaming & TAB Venues Policy
Wairoa District Council
PO Box 54
WAIROA 4160