Resource Management Proposed Fees and Charges

Submission Form

Your details

First name: . . . .

Last name: . . . .

Organisation:. . . . .

Phone (landline or mobile): . . . .

Email address:* . . . .

Postal address:* . . . .

. . . .

. . . .

. . . .

. . . .

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

☐ Yes   ☐ No

*we require your email address and/or your physical postal address. **must complete. If you do not complete we will assume you do not wish to speak.

Your feedback

Please use the space below to let us know what you think about the proposed fees and charges

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

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

How to return this form via FreePost

Complete **Your details** and **Your feedback** sections

Put your form in a sealed envelope and address to:

FreePost Authority Number 95136
RMA Fees Submission
Timaru District Council
PO Box 522
TIMARU 7940

Thank you.