

# Draft WMMP Submission Form

Complete this form to make a submission on the Draft WMMP.

First name\*: .....

Last name\*: .....

Organisation (if applicable): .....

Phone (landline or mobile): .....

Email\* .....

Postal address\*: .....

.....

.....

\*we require your email address and/or your physical postal address.

## Make your submission by either:

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

FreePost Authority Number 95136

Policy Review Consultation

Timaru District Council

PO Box 522

TIMARU 7940

or

**2) Scanning this form and emailing it to [submission@timdc.govt.nz](mailto:submission@timdc.govt.nz)**

**All submissions must be received by Council by the close of consultation, being 5pm 22 March 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 Draft WMMP as presented?(tick a box):

Yes

No

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

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

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**Need more room?**

Please use extra paper if required and attach with your submission.

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