

SUBMISSION FORM

Name: _____

Organisation: _____ Date: _____

Postal Address: _____

Email: _____ Day time phone: _____

Return your submission form to:

POST: Opōtiki District Council, PO Box 44, Opōtiki 3162

DELIVER: 108 St John Street, Opōtiki

EMAIL: connectadmin@odc.govt.nz

ONLINE: www.connect.odc.govt.nz

PRIVACY ACT NOTE:

Please be aware that submissions form part of the public consultation process and as such will be reproduced as an attachment to a publicly available Council agenda and remain on Council minute records.

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I/ We wish to be heard in support of my / our submission

You will be contacted to arrange a time for your hearing on Wednesday 1 May 2024. Presentation time is limited to 10 minutes per speaker. Council will have read your written submission before the meeting.

☐

I/ we wish to submit on changes to the Rates Remission and Postponement Policy

I/ we support / oppose (delete one) the changes for the following reasons:

1

2

3

4

5

I/ we request that Council make the following decisions to address my / our concerns:

1

2

3

4

5

Comments:

If more space is required attach additional paper with your name and contact details on each sheet.

SUBMISSIONS CLOSE 4.00PM, FRIDAY 19 APRIL, 2024.

Thank you for making a submission.