

# Auckland City Bylaw Submission

To: Manager, City Planning Group, Auckland City, Private Bag 92516, Wellesley Street, Auckland

Please print clearly

Full name: \_\_\_\_\_

Organisation: (if applicable) \_\_\_\_\_

Agent: (if applicable) \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

Phone: (business) \_\_\_\_\_ (home) \_\_\_\_\_ (fax) \_\_\_\_\_

Please state bylaw name: \_\_\_\_\_ Number: \_\_\_\_\_

For office use only

Submission No. \_\_\_\_\_

I / we support ☐ / oppose ☐ the Proposed new or amended bylaw

The reasons for my / our support or opposition of the above bylaw are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I would like to see the following changes to the bylaw

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached additional information Yes ☐ No ☐

I wish to be heard at the public council bylaw hearing Yes ☐ No ☐

Signed \_\_\_\_\_ Date \_\_\_\_\_