

Submission form

### Your Submission

You may use this form for your submission if you wish. Whether you use this form or not, please follow the guidelines for preparing submissions on the previous page.

Name Randed Jordan

Address 29 Arcon Drive CHCH 8004

Contact Telephone 03 342 8650

Email (if applicable) \_\_\_\_\_

Signature Jordan

Please tick which applies:

- I do NOT wish to make a personal submission at the hearing, and ask that this written submission be considered.
- I wish to talk to the main points in my written submission at the hearings to be held between Tuesday 7 June and Friday 10 June 2005.

I am in favour of extending CSB that would  
make it an even better facility.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_