

# Our Community Plan Submission Form

## Instructions

### Please read before completing your submission

It will help us process your submission if you clearly state the issue you want the Council to consider, what specific action you think the Council should take, and why that should be done.

If you wish, you can present your submission at a hearing. (If that is the case, please tick the box). The hearings will be held between Thursday 25 May and Wednesday 7 June 2006. Generally, 10 minutes are allocated for hearing each submission, including time for questions.

It will help us if your submission also refers to the page of either the full version or the summary version.

Please note: We are legally required to make all written or electronic submissions available to Councillors and to the public. This includes the name and address of the submitter. All submissions will be published on the Council's website from 10 May 2006.

No anonymous submissions will be accepted.

You may send us your submission:

### By mail

Please mail your submission (no stamp is required) to:

Freepost 178  
Our Community Plan  
Christchurch City Council  
PO Box 237  
Christchurch 8003

### By email

Please email your submission to:

ccc-plan@ccc.govt.nz

Please make sure that your full name and address is included with your submission.

### On the internet

You may enter your submission using the form provided on the Council's web site at <http://www.ccc.govt.nz>

Please follow all the instructions on the web site.

Please remember to indicate if you wish to present your submission in person at one of the hearings.

Please ensure your submission arrives no later than Friday 5 May 2006.

## Your submission

You may use this form for your submission on our draft Community Plan if you wish. Whether you use this form or not, please include your name, address and contact telephone number with your submission.

Tick one	<input checked="" type="checkbox"/>	I do NOT wish to present my submission at the hearing, and ask that this written submission be considered
	OR	
	<input type="checkbox"/>	I wish to talk to the main points in my written submission at the hearings to be held between Thursday 25 May and Wednesday 7 June 2006
Are you completing this submission:		
	<input checked="" type="checkbox"/>	For yourself
	<input type="checkbox"/>	On behalf of a group or organisation
If you are representing a group or organisation, how many people do you represent? <input type="text"/>		
My submission refers to:		
	<input type="checkbox"/>	Full version
	<input type="checkbox"/>	Page No.
	<input checked="" type="checkbox"/>	Summary version
	<input type="checkbox"/>	Page No.
Do you also want to respond to:		
	<input type="checkbox"/>	Development Contributions
	<input type="checkbox"/>	Aquatic Facilities
	<input type="checkbox"/>	Other

Contact Name Bev Peters

Organisation name (if applicable) \_\_\_\_\_

Contact Address 36a Donegal Street  
Belfast

Phone No. (day) 323-8361 Phone No. (evening) 323-8361

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

Signature B.D Peters Date 29-4-06



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Please be as specific as possible to help us understand your views

See list of major projects in the summary document

## Questions

① Do you have any comments on the major projects in our draft Community Plan? page number

*It will be devasting to see the community Libravieries and the mobile Library bus service close.*

② Do you have any comments on groups of activities (the activities and services that Council provides)? page number

*The libravieries are a great service throughout all the communities. These are beneficial not only for students but also for the younger generation and for the elderly. The smaller community libravieries are a great asset to these communities.*

③ Do you have any other comments or suggestions you want to make? page number

*As I don't drive due to health the mobile library is a godsend as it is easier for myself and other people my age in my community to get to the mobile library. It would be a huge disrapointment to see the mobile library services as well as any of the public libraviarys close.*

For office use only

Submission #:

Referred to:

Date referred:

Date required:

Heard:  Yes  No

You may add more pages if you wish. Thank you for your submission.