

Summary 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 the draft Our Community Plan if you wish. Whether you use this form or not, please include your name, address and contact telephone number with your submission.

one V OR		ent my submissio					
I wish to	o talk to the m sday 7 June 2		1		ings to be he	eld beween Ti	nursday 25 May and
Are you completin	For yourself	elf On behalf of a group or organisation					
If you are represe	nting a group	or organisation, ho	w many people	do you repre	sent?		
My submission re	fers to:	Full version	Page No.	V	Summary v	rersion	Page No.
Do you also want	to respond to:	Develop	oment Contribut	ions	Aquatic Fac	ilities	Other
Contact Name	BRUG	Mª PEAI	4	***************************************			
Organisation name (i	f applicable) .		***************************************				
Contact Address	3/11	DIVISION	STRE	267			
	RIC	DIVISION		CHR15	TcHUK	204	
Phone No. (day)	3480932		Phone No. (evening)		3480932		
Email (if applicable)	Anathroiteanananananan	NA					
Signature			and the second s		Date	04-	04-06

Summary submission form

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

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Do you have any comments on the major projects in our draft Our Community Plan? page number of summary documents

Proposed alosune of EDGEWARE of BELFAST SWIMMING

POOLS AND THEN BUILDING NEW FACILITY FOR

NORTH CHCH! WHY NOT TOTALLY UPGRADE ETTHER

EDGEWARE OR BELFAST POOLS INSTEAD. WITH

CURRENT Q.E. 2 POOL FACILITIES AVAILABLE AND

BEING WELL USED AN OTHER NEW POOL SEEMS

See list of major projects in the

Do you have any comments on groups of activities (the activities and services that Council provides)? page number Q CIFY MALL YES DO SOMETHING WITH IT BUT SORRY IT WILL NEVER COMPETE WITH SUBURBAN MALLS WHO HAVE MANY SHOPS & LARGE CAR PARKS.

CONSIDER A SURVEY FORM PLACED IN INNER CITY HOTELS & MOTELS AND AKK BUR UISTORS WHAT THEY WOULD LIKE TO SEE IN OUR INNER CITY. CONSIDER "PUTSIBE THE SQUARE" DEVELOPMENT FOR CITY MALL SWELL AR LOW RENTH SHOPS WITH APARTMENTS ABOUT OR PERHAPS USE IT AS THE SITE FOR TANOTHER BUS EXCHANGE

Do you have any other comments or suggestions you want to make? page number 18 STREET TREE PROGRAMME - PLEASE PLANT ONLY PIPES ARE RENEWED WHON STWER WHY NOT CO-ORDINATE UNDERCROUND WIRING AT THE SAME TIME. WATER TRANSPORT & BENERS & RUBBISH RIGHT THE EXTRAS WILL FOLLOW AS SAVINGS MADE For office use only CAN BE CHANNELED INTO OTHER Submission #: ARDAS. PLEASE RECONSIDER Referred to: CLOSURE OF LIBRARIES - HEALTH Date referred: Date required: OF THE MIND IS AS NECESSARY AS EOR Heard: Yes No You may add more pages if you wish. Thank you for your submission.