



Christchurch City Council
Long-Term Community Council Plan
Submission

Please provide the personal details below or your submission will not be considered by Council

Your Name: Haral LUND

Contact Address: 54 WINTON STREET

Postcode 8014 Phone No (day) 02102670138

Phone No (evening) _____

Email (if applicable) _____

Please be as specific as possible to help Council understand your views.

Why do you want the Council to consider the provision of additional artificial fields? What specific action you think the Council should take? Why should this be done?

More tufts required, to allow
training sessions at reasonable times,
instead of sessions @ 9-10pm
which isn't acceptable.

Please continue on reverse side if further space is required.

Thank you for making this submission.