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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: Kieran Lash

Contact Address: 8 St Peters Close

Postcode 8016 Phone No (day) 027 602 0242

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?

Another turf, Desperately !! @

Please continue on reverse side if further space is required.

Thank you for making this submission.