

# SUBMISSION FORM

## Review of Representation Arrangements

Name: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_ Day time phone: \_\_\_\_\_

**Return your submission form to:**

**POST:** Opotiki District Council, PO Box 44, Opotiki 3162  
**DELIVER:** 108 St John Street, Opotiki  
**EMAIL:** [info@odc.govt.nz](mailto:info@odc.govt.nz)

**PRIVACY ACT NOTE:**  
 Please be aware that submissions form part of the public consultation process and as such will be reproduced as an attachment to a publicly available Council agenda and remain on Council minute records.

I/ We wish to be heard in support of my / our submission

You will be contacted to arrange a time for your hearing. Presentation time is limited to 5 minutes per speaker. Council will have read your written submission before the meeting.

Your submission:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

How you would like Council to address your concerns:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If more space is required attach additional paper with your name and contact details on each sheet.

**SUBMISSIONS CLOSE 4PM FRIDAY 8 OCTOBER 2021**

Thank you for making a submission.