

Bylaw Submission Form

Please note there are TWO pages to the Bylaw Submission Form

OFFICE USE ONLY:
Date Received:
Submitter ID:

To: The Bylaw Anal Selwyn District Cou P O Box 90 Rolleston 7643				of the Bylaw: Traffic and Parking Bylaw 2009				
Or similarly fax to 03 347 2799 or email keri.harrison@selwyn.govt.nz								
Full Name of Submitter:								
Postal Address: Details								
Contact Dataile			NA/IZ-		F			
Contact Details	HM:		WK:		Fax:			
	Email:							
Reasons for making the submission (whether you support or oppose the proposal or particular aspects of it, include the particular section numbers of the bylaw where necessary – please use additional paper if required). Please write clearly as this information will be transferred into a report.								

Please turn over

I wish Council to make the following bylaw, include the particular section required).	change(s). Pro numbers of the	vide details giv bylaw where r	ving nature of the changes sou necessary – please use additio	ght to the nal paper if
I wish to be heard in support of my submission		I DO NOT w my submiss	vish to be heard in support of ion	
Signature or duly authorized agent			Date	

Submissions close on Monday 4 May 2009 at 4.00 pm