

COUNCIL COMMUNITY COMMITTEES

COMMITTEE LIST UPDATE 2019 – 2022 Triennium

Please complete the form and return within 7 days following the Election Meeting. If representing more than one committee, complete one form for each committee.

RETURN:

By email: Attach the completed form and email; to committees@selwyn.govt.nz

By post: Print and mail; Community Services and Facilities, Committees Secretary, Selwyn District Council, PO Box 90, Rolleston, 7643. (committees@selwyn.govt.nz is monitored during normal business hours and all correspondence forwarded to the appropriate Council officer.)

DATE OF ELECTION MEETING: / /2019/20

WARD:

Malvern	Springs	Ellesmere	Selwyn Central
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Name of Committee
(in full):

Chairperson Name:

Address for post:
Council Use only

POSTCODE:

Phone1: (Council use only)

Phone2: (Published on website)

Email: Council Use Only

Email: Display on Public
Website

Yes,

No, do not display. If no, the @sdc email will be displayed

Name of Committee
(in full):

Secretary Name:

Address for post:
Council use only

POSTCODE:

Phone1:

Phone2:

Email: Council Use Only

Email: Display on Public
Website

(Optional) Yes:

No, do not display:

Committee Members			
Name	Address	Phone	Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12*			
Councillor Rep. (to be included in the 13 total members)			
13			
Malvern Community Board Representative* (to be included in the 13 total members, as applicable)			
12*			



NOTIFICATION OF COUNCIL COMMUNITY COMMITTEE MEETINGS– 2019/2020

The information supplied here is **automatically** used to advertise meetings in “District Committee Meetings” section of Council Call each week. This is published on the Selwyn District Council website; www.selwyn.govt.nz and in The Selwyn Times.

To change a date or venue that you have advised below, email: committees@selwyn.govt.nz
Please note: Notification of any changes are subject to Council Call copy deadline and need to be notified no later than 5.00pm Thursday the week before publication to “override” the date advised on this form.

Full Name of Committee:

Secretary Name:

Phone:

Venue for Meetings:

Time of Meeting:

Month	Meeting Date OR: TBA	Month	Meeting Date OR: TBA	Public Holidays
January		February		New Year Waitangi Day
March		April		Good Friday Easter Monday
May		June		Queen’s Birthday
July		August		
September		October		Labour Day Monday
November		December		Canterbury Anniversary Christmas

In addition, please advise;

Triennial Meeting Date/Time/Venue:

Return this form;

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