SUBMISSIONS TO THE REPRESENTATION REVIEW 2015

Hearings will be held at the

Rolleston Council Chambers

2 Norman Kirk Drive

Monday, 12 October 2015

4:00PM to 7:00PM

Deliberations

7:00PM to 9:00PM

-NON SPEAKERS-

100003

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Melissa
Last name	Jebson (Committee Secretary)
Address c/-	2091 Wards Road RD1
Town	Darfield
Postcode	7571
Email	~~fhw~~ flocktonstud@xtra.co.nz
Contact phone no.	03 3183796

Are you making this submission on behalf of an organisation? Y ☑ N ☐

If yes, name of organisation Whitecliffs Township & Domain Committee

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

The Whitecliffs Township + Domain Committee wish to endorse SDC decision to retain the Malvern Community Board, and the four wards as is currently.

M Jebson - on behalf of Committee.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Representation Review - Submission Form

Title: Mr First Name: Barry Last Name: Armstrong
Address: 31A Elizabeth Street Postcode: 7614
Town: Rolleston Contact Number:
Email: maggierolleston@gmail.com
Are you making this submission on behalf of an organisation? ☐ Yes ☑ No
If yes, name of organisation
Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present in person? ☐ Yes ☑ No
Preferred time: ☐ Afternoon 4-6pm ☐ Evening 6.30-8.30pm

Submissions must be returned by 5pm, Monday 5 October

Return to any Selwyn Library/Service Centre or Council offices, Rolleston

Or post to: Freepost 104 653
Representation Review
Selwyn District Council
PO Box 90, Rolleston 7643

Or use the online submission form available at **www.selwyn.govt.nz/representation**

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspect of the Initial Proposal.

I consider the proposed changes due to come into effect after the local authority elections in 2016 are fine, except for the doing away with the Selwyn Central Community Board. This has been the means through which the voice of the ratepayers could be heard.

150005

Representation Review - Submission Form

Title: Mrs First Name: Margaret Last Name: Armstrong
Address: 31A Elizabeth Street Postcode: 7614
Town: Rolleston Contact Number:
Email: maggierolleston@gmail.com
Are you making this submission on behalf of an organisation? ☐ Yes ☑ No
If yes, name of organisation
Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present in person? ☐ Yes ☑ No
Preferred time: ☐ Afternoon 4-6pm ☐ Evening 6.30-8.30pm

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Representation Review
Selwyn District Council
PO Box 90, Rolleston 7643

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspect of the Initial Proposal.

I do not support the initial proposal for representation arrangements to come into force after the local authority elections in 2016.
The loss of the (Selwyn Central) community board will mean ratepayers will have very little chance of having their opinions heard and therefore considered when decisions need to be made in regard to their community.

Selwyn DISTRICT COUNCIL

Representation Review - Submission Form

Title: MRS First Name: Pamela Last Name: Mugford

Address: 16 Gift St Coalgate Postcode: 7673

Town: Coalgate Contact Number: 03 3182877

Email: mugfords@xtra.co.nz

Are you making this submission on behalf of an organisation? ☐ Yes ☑ No

If yes, name of organisation

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present in person? ☐ Yes ☑ No

Preferred time: ☐ Afternoon 4-6pm ☐ Evening 6.30-8.30pm

Submissions must be returned by 5pm, Monday 5 October

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Representation Review
Selwyn District Council
PO Box 90, Rolleston 7643

Or use the online submission form available at **www.selwyn.govt.nz/representation**

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspect of the Initial Proposal.

I strongly support 4 wards as on map 2 with 11 representatives.

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Tony
Last name	Seaton
Address	373 River Leigh Rd
Town	Whit cliffs
Postcode	7605
Email	
Contact phone no.	03 3482458

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I Aggree with Council

Tony

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10008

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Melissa
Last name	Jebson
Address	2091 Wards Road RD1 Darfield 7571
Town	Darfield
Postcode	7571
Email	flocktonstud@xtra.co.nz
Contact phone no.	03 3183796

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the Selwyn District Council proposal to retain the Malvern Community Board. Malvern is a large area that two councillors cannot hope to cover. The Community Board works effectively and collaboratively with the Township, Reserve and Hall Committees in the Malvern area.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to:
Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

MJebson

10009

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Sue
Last name	WRAGG
Address	550 Whitecliffs Rd Whitecliffs
Town	Whitecliffs
Postcode	7673
Email	kensue.w@xtra.co.nz
Contact phone no.	03 318 2636

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I wish to support the Intial Proposal for representation, in particular the retention of the Malvern Community Board. The Board encourages and ensures a more realistic contact with the people of the Malvern Area.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Carol
Last name	Stevens
Address	Glendor Farm
Town	Whitecliffs
Postcode	7673
Email	recover-earth@live.com
Contact phone no.	02102596669

Are you making this submission on behalf of an organisation? Y ☐ N ☐

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

The representation to date has been vital and been a valued voice of the outlying communities. I think the people in general has lost so much and I do not wish to see our community board disbanded in any way as they are as the title states "Community" board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Michelle
Last name	Craft
Address	9 Robbs Rd RD1
Town	Whitecliffs.
Postcode	7673
Email	craftmichelle@yahoo.co.nz
Contact phone no.	021 060 4212

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I agree with the initial proposal by the SDC to maintain the Malvern Community Board

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Rosemary
Last name	DENNIS
Address	8/9 Sleemans Rd R.D2. Darfield 7572
Town	Darfield (outskirts.)
Postcode	7572
Email	gpredennis2@gmail.com
Contact phone no.	03 · 318 6876

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I strongly support the retention of the Malvern Community Board.
This Board has been most helpful in our Community. We have had excellent support and help from our Representaive from this Board.
I cannot see that a busy Councillor could put in the time and effort required.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Representation Review - Submission Form

Title: Ms First Name: Catherine Last Name: Field

Address: 11 Greenings Road RD1 Postcode: 7681

Town: Springfield Contact Number: 3188228

Email: Catherine@73hire.co.nz

Are you making this submission on behalf of an organisation? ☐ Yes ☒ No

If yes, name of organisation

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present in person? ☐ Yes ☒ No

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Or post to: Freepost 104 653
Representation Review
Selwyn District Council
PO Box 90, Rolleston 7643

Or use the online submission form available at **www.selwyn.govt.nz/representation**

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspect of the Initial Proposal.

I wish to see the Malvern Community Board retained.

I also suggest the re-naming of the Selwyn Central ward to Paparoa Ward. This will bring back the historical name that used to be used for this ward and a lot of Council documentation refers top Paparoa.

100014

Representation Review - Submission Form

Title: Mrs First Name: Amanda Last Name: Johnston

Address: 1362 Courtenay Kirwee PO Box 61 Postcode: 7453

Town: Kirwee Contact Number: 3181552

Email: gomrsj@gmail.com

Are you making this submission on behalf of an organisation? ☐ Yes ☒ No

If yes, name of organisation

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present in person? ☐ Yes ☒ No

Preferred time: ☐ Afternoon 4-6pm ☐ Evening 6.30-8.30pm

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PO Box 90, Rolleston 7643

Or use the online submission form available at **www.selwyn.govt.nz/representation**

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspect of the Initial Proposal.

Please maintain Malvern Community board

Selwyn DISTRICT COUNCIL

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

15/10/2007

Representation Review Submission form

Title	Mr
First name	John
Last name	Jebson
Address	2091 Wards Road RD1 Darfield
Town	
Postcode	7571
Email	flocktonstud@xtra.co.nz
Contact phone no.	

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I wish to support the SDC's decision to retain the Malvern Community Board and the proposed 4 ward structure. The Malvern Community Board are vital in aiding the Committees in the area (Township & Reserve etc) since our ward is large and diverse.

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

SCANNED 5/10/2009

Representation Review Submission form

Title	MR
First name	EDMUND CHARLES
Last name	PARSONS
Address	1/1132 OLD WEST COAST RD RD 1 WEST MELTON
Town	
Postcode	7631
Email	Parsonsclan@xtra.co.nz
Contact phone no.	03 347 4940

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I endorse the Decision to retain the Malvern Community Board.

EC

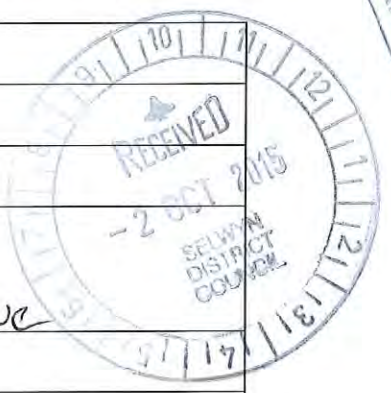
Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

150017

Representation Review Submission form



SCANNED

Title	Mrs
First name	Elisabeth
Last name	May
Address	14 Stanwood Grove
Town	Darfield
Postcode	7510
Email	ellymay@xtra.co.nz
Contact phone no.	03 3187607

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I wish to endorse the councils decision to retain the Malvern comunitee Board, the 4 Wards with in the Selwyn District.

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100019

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Diana
Last name	Reid.
Address	4 Maxwell St.
Town	Darfield.
Postcode	7510
Email	
Contact phone no.	03 3188955.

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the retention of our Community Board in this area as we need to be represented

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10020

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	PATRICIA
Last name	HENDERSON
Address	3 PIAKO DRIVE DARFIELD R.D.1.
Town	DARFIELD
Postcode	7571
Email	threecorners@xtra.co.nz.
Contact phone no.	3188431

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Absolutely necessary we keep our identity and representation, as we are a widespread area.

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

10002)

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Glenn
Last name	Chambers
Address	74 Hawebush Road
Town	Glentunnel
Postcode	7673
Email	glentunnelstore@outlook.com
Contact phone no.	03 318 285

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Yes.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100022

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	RICHARD E
Last name	SEVILLE
Address	219 WYNDALE RD
Town	SHEFFIELD
Postcode	7580
Email	richards@holmegroup.com
Contact phone no.	0212229501

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Yes, I support the initial proposal which includes retaining the Malvern Community Board.

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100023

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr.
First name	Keith
Last name	Taege
Address	11 Malvern Hills Road
Town	Sheffield
Postcode	7500
Email	keith@taege.com
Contact phone no.	027 676 8888

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the initial proposal which includes the retention of the Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

K A Taege

100024

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	MICHELLE
Last name	WEBSTER
Address	1 MYE LANE
Town	SHEFFIELD
Postcode	7500
Email	myehouse1@gmail.com
Contact phone no.	033183063

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the proposal to retain the Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to:
Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100025

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	SHEFFIELD HALL COMMITTEE
First name	MICHELLE
Last name	WEBSTER
Address	1 MYE ~~HOUSE~~ LANE
Town	SHEFFIELD.
Postcode	7500
Email	myehouse1@gmail.com
Contact phone no.	03 3183063

Are you making this submission on behalf of an organisation? Y ☐ N ☐

If yes, name of organisation SHEFFIELD HALL & TOWNSHIP COMT

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the proposal to retain the Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Scott
Last name	McIlroy
Address	13 Craigieburn Street Darfield
Town	Darfield.
Postcode	
Email	SMcIlroy@Hazlettrural.co.nz
Contact phone no.	0274620160

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I Support initial Proposal by Keeping the Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	—
First name	GRAEME
Last name	Van der Colk
Address	290 Whitecliffs Rd, R.D 1
Town	WhiteCliffs
Postcode	7673.
Email	—
Contact phone no.	

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I Support the initial Proposal which retains the Malvern Community board.

G-A Van der Colk

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	FRANK
Last name	Denson
Address	308 Keens
Town	SHEFFIELD
Postcode	7580
Email	frank@frankdenson.com
Contact phone no.	027 361 815

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the initial proposal to support the Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Elizabeth Carol
Last name	Forrest
Address	183 Bangor Road RD 1 Darfield
Town	Darfield
Postcode	7571
Email	deforrest@xtra.co.nz
Contact phone no.	03-3187467

Are you making this submission on behalf of an organisation? Y ☑ N ☐

If yes, name of organisation Darfield Community Response Team

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We wish to support the continuation of the Malvern Community Board within the Selwyn District

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100030

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Elizabeth Carol
Last name	Forrest
Address	183 Bangor Road RD 1 Darfield 7571
Town	Darfield
Postcode	7571
Email	deforrest@xtra.co.nz
Contact phone no.	03-3187467

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I wish to support the continuation of the Malvern Community Board within the Selwyn District

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Katherine
Last name	Muscroft-Taylor
Address	67 Horndon St ~~Daofield~~
Town	Daofield RD1
Postcode	7571
Email	muscroft_taylor@xtra.co.nz
Contact phone no.	03-3188221

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I wish to support the continuation of the Malvern Community Board in the Selwyn District

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Chair
First name	Virginia
Last name	Askin
Address	207 Horndon St (organisation)
Town	~~Hor~~ Darfield
Postcode	7510
Email	Virginia@getsready.net
Contact phone no.	021 110 2486

Are you making this submission on behalf of an organisation? Y ☑ N ☐

If yes, name of organisation Malvern Community Vehicle Trust

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I have greatly appreciated the financial support from the Malvern Community Board in starting up this community vehicle Trust to support local transport needs.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	
First name	Virginia
Last name	Askin
Address	2003 Bealey Road
Town	Hororata
Postcode	7572
Email	v.askin@scorch.co.nz
Contact phone no.	03 3180198

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

for such a vast area the Malvern Community Board is needed to manage the requirements of this Ward.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Matthew
Last name	Forrested
Address	682 Essendon Rd RD 1 Darfield
Town	Darfield
Postcode	7571
Email	
Contact phone no.	03 3188135

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I Support the Council decision to retain the Malvern Community Board

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Jill
Last name	Hill.
Address	227 Whitecliffs Road.
Town	Whitecliffs.
Postcode	7638.
Email	jillcdarfield.school.nz.
Contact phone no.	03 3188411/3.

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

No.

I support the SDC Council decision to retain the Malvern Community Board.

The Malvern Community Board is a valuable resource to the people living in the Malvern Area.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	ANN
Last name	SHEPHERD
Address	6 REGENT ST R.D.1.
Town	SPRINGFIELD
Postcode	7681
Email	ann.shepherd@xtra.co.nz
Contact phone no.	027 226 2936

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I do not support the Initial Proposal.
I think it is vital for our community to retain the Malvern Community Board.
The public meeting in Darfield August 2015 showed unanimous support for retaining the Board

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs
First name	Adrienne
Last name	Begg
Address	1232 Courtenay Road,
Town	Darfield R.D. 1,
Postcode	7571
Email	malwlm.adrienne@xtra.co.nz
Contact phone no.	(03) 3181897

Are you making this submission on behalf of an organisation? Y ☑ N ☐

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the Malvern Community Board and the decision the Selwyn District Council has made to retain it.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	
First name	Elaine
Last name	Guy
Address	16 Churchill Place Darfield.
Town	Darfield.
Postcode	7510
Email	elaine@xtra.co.nz.
Contact phone no.	027 7588388

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the council decision to retain the Malvern Community board.

Elaine Guy

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	mrs.
First name	Patricia
Last name	Newmarch
Address	274A Horndon St.
Town	Darfield
Postcode	7510
Email	P.newmarch@xtra.co.nz
Contact phone no.	03 318 7003

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation /

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Yes I support the retention of the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	KERRY
Last name	PAULING
Address	231 Keens Road RD1 Sheffield.
Town	Sheffield
Postcode	7580
Email	
Contact phone no.	03 3184 048

Are you making this submission on behalf of an organisation? Y ☑ N ☐

If yes, name of organisation Sheffield Township Committee

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We support the initial proposal which includes retaining the Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to:
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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Joan
Last name	Buck
Address	3F Perrin Pl
Town	Darfield.
Postcode	7510
Email	joankbuck
Contact phone no.	03 318 8780

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the continuation of the Community Board as it's my contact with a voice and ears to hear whats happening first hand

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Betty
Last name	Green
Address	296 Homdon St.
Town	Darfield.
Postcode	
Email	betrus@icloud.com
Contact phone no.	0331886S7

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the Malvern Com. board's S.D.R. decision to retain it.

M Green

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105043

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Lorraine
Last name	Adams
Address	5 Pemberton Dr, Darfield
Town	
Postcode	7571
Email	rcadams@xtra.co.nz
Contact phone no.	03 3188532

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the decision of the Council & would like to see the Community Boards continue

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs.
First name	Bronwyn
Last name	van de Pol.
Address	25 Searles Rd. RD1
Town	Sheffield.
Postcode	7580.
Email	bronvdp@gmail.com.
Contact phone no.	0220737757.

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

The area of malvern needs to maintain it's current community board because it needs the support as the concentration of SDC is centred towards Rolleston and Lincoln. This area should not be ignored and we desperately need representation

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MRS
First name	VAL
Last name	WATSON
Address	1763 OLD WEST COAST ROAD R.D.1 CHRISTCHURCH
Town	CHRISTCHURCH
Postcode	7671
Email	—
Contact phone no.	03 3181710

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Great liason between Counsil & Community

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr.
First name	Graham
Last name	HOULT
Address	1726 Hoskyns Road / Box 33
Town	Kirwee / Kirwee
Postcode	7543
Email	
Contact phone no.	(03) 3729 262

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

No, I do NOT support the Initial Proposal.

I support the Selwyn District Council in keeping the Malvern Community Board as I believe it is necessary for effective community consultation

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3/10/2015.

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Nancy
Last name	Boyes
Address	77 Hamden St Darfield 7571
Town	Darfield
Postcode	7571
Email	
Contact phone no.	03 3187150

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Local representation is important to Malvern.
Allocation of money for local use.
Lessen load on councillors both time and energy.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs
First name	Denise
Last name	Reynolds
Address	29 Mathias Street
Town	Darfield
Postcode	7510
Email	
Contact phone no.	03-3187595

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the Retention of the Malvern Community Board. They do a good job for us and we need them in our community

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs.
First name	TRISH.
Last name	KERR.
Address	11 Oldham Place.
Town	Dadfield.
Postcode	7510.
Email	mt.nest@clear.net.nz.
Contact phone no.	03 - 3188845.

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I Support the retention of the Malvern Community Board

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100250

Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MRS
First name	KATHRYN
Last name	STIRRUP
Address	207 HORNDON ST
Town	DARFIELD
Postcode	7510
Email	kystirrup@snap.net.nz
Contact phone no.	03 3187077

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support SDC decision to retain The Malvern Community Board.

K Stirrup

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10005/

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Jude
Last name	Westwood.
Address	Bangor Rd RD Darfield
Town	Darfield
Postcode	7571
Email	jude@sws.co.nz
Contact phone no.	03 3188818

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I am against the initial proposal and I wish to retain the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs
First name	Sharon
Last name	Kellock
Address	7 Brooker Place P.O. Box 9
Town	Kirwee
Postcode	7543
Email	skellock@i4free.co.nz
Contact phone no.	03 · 3181 676

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the SDC decision to retain the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MRS
First name	MARGARET
Last name	CHISHOLM
Address	66 Creyke Rd.
Town	DARFIELD
Postcode	7571
Email	gawnmags@xtra.co.nz
Contact phone no.	03 3188839

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the SDC decision to retain the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs
First name	Julia
Last name	ATKINSON
Address	5 Dawn Place
Town	Kirwee
Postcode	7543
Email	Kevinandjulia@xtra.co.nz
Contact phone no.	

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the decision to retain the Malvern Community board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100055

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Miss
First name	Marie-Luisa
Last name	Wengler
Address	73 West Coast Road
Town	Sheffield
Postcode	7500
Email	luisawengler@hotmail.com
Contact phone no.	027 6994217

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support having a community board in Malvern.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100056

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Graham
Last name	Rakahi
Address	68 Daniel RD1 R.D.1 Coalgate
Town	Glenroy
Postcode	7673
Email	graham@allaboutsewage.co.nz
Contact phone no.	021 774 897

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☒

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Agree to retain Comunity Board

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to:
Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Jules
Last name	Snoyink.
Address	6 Homebush rd.
Town	Glentunnel.
Postcode	7683.
Email	rsnoyink@xtra.co.nz.
Contact phone no.	03 3182632

Are you making this submission on behalf of an organisation? Y ☐ N ☐

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☑

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	mrs m
First name	margot
Last name	Brady
Address	11a Railway Tce Cleveland 7673
Town	
Postcode	7673
Email	bradyJohnmargot@gmail.com
Contact phone no.	03 31 82 733

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

real people from our world!

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100059

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	IAN
Last name	MCLEOD
Address	18 LOWER HIGH STREET
Town	COALGATE
Postcode	7646
Email	
Contact phone no.	03 318 2442

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I strongly support retention of the Malvern Community Board to adequately represent the Malvern people.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100060

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	PHILIPPE
Last name	PLOT
Address	MALDON PASTURES - MALDON Rd - RD 2 HORORATA
Town	
Postcode	7572
Email	
Contact phone no.	027 285 7459

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

AGREE WITH SDC TO KEEP MALVERN COMMUNITY BOARD

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	DARREN
Last name	SCOBIE
Address	1728 Hoskyns Road KINWEE
Town	KINWEE
Postcode	7543.
Email	RolScobie@hotmail.co.nz
Contact phone no.	03 3181760.

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Pleased the SDC are supporting the Malvern Community !!

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Ian
Last name	Clark
Address	6 McILRAITH ST
Town	DARFIELD
Postcode	7510
Email	
Contact phone no.	03 31 88643

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support community board

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to:
Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	JAN MITCHELL
Last name	
Address	99 STOTT DRIVE
Town	DARFIELD
Postcode	
Email	janmitch@clear.net.nz.
Contact phone no.	3179083

Are you making this submission on behalf of an organisation? Y ☐ N ☐

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the Council decision in keeping the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	LORRAINE A MILNE
Last name	WEBSTER
Address	9 KIMBERLEY RD
Town	DARFIELD
Postcode	7510
Email	LANDMWEBSTER@XTRA.CO.NZ
Contact phone no.	0331885 99

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

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100065

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	MARGARET
Last name	GILMORE
Address	68 CARDALE ST DARFIELD.
Town	
Postcode	7510
Email	
Contact phone no.	(03) 3188098

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

support the Malvern Community Board.

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	~~ADAMS~~ S. Mrs or Mr.
First name	JEANETTE " SELWYN
Last name	ADAMS
Address	2590 Wards Rd R.D. 1 DARFIELD
Town	
Postcode	7571
Email	
Contact phone no.	03. 314 9202.

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We support the Council retaining Malvern Community Board.

Jeanette M Adams.

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100067

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Baxter
Last name	Mavis
Address	138 Horndon ST.
Town	Darfield
Postcode	
Email	
Contact phone no.	3188559

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Suport Malvern Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Doug & Jocelyn
Last name	CATHERWOOD
Address	2361 Coaltrack Rd RD 1,
Town	Chch
Postcode	7671
Email	
Contact phone no.	021 318073

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support that the Community Board
on Malvern be retained.

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100069

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Stuart
Last name	Wright
Address	383 Wright Rd Stanford
Town	
Postcode	7580
Email	stuart.wright@xtra.co.nz
Contact phone no.	021 [illegible] 76

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support Council in keeping Malvern Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	ELMA
Last name	GLASSEY
Address	1920 TETEGRAPH RD R.D 1 DARFIELD
Town	1 11
Postcode	7571
Email	✓
Contact phone no.	3179080

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I SUPPORT KEEPING THE MALVERN COMMUNITY BOARD

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100071

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Jane
Last name	McMillan
Address	41 Bridge Road Greendale
Town	RD1 CH/CH
Postcode	7671
Email	gamac@xtra.co.nz
Contact phone no.	3188920

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support councils decision to retain Malvern Community Board + the 4 wards

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Roz
Last name	Scobie
Address	1728 Hoskyns Road Kirwee
Town	Kirwee
Postcode	7543
Email	Rozscobie@hotmail.co.nz.
Contact phone no.	03 318 1760.

Are you making this submission on behalf of an organisation? Y ☐ N ☐

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Pleased the SDC are keeping the Malvern Community Board

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100073

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Margaret
Last name	Lawry
Address	P.O Box 37 2494 Main West Rd
Town	Kirwee
Postcode	7543
Email	
Contact phone no.	03 3181678

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the Malvern Community Board.

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1000 74

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Ali
Last name	Deans.
Address	3 Charles St
Town	Waddington
Postcode	7500.
Email	
Contact phone no.	(03) 3183056

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Area and population are under-represented as it is. What chance would we have with less ??

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Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

10075

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Brian
Last name	Walker.
Address	1 Dundee Close 1
Town	Dorfield
Postcode	7510
Email	spiderbarn.nzltd@yahoo.co.nz
Contact phone no.	0274717001

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support Council to obtain Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100076

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Kate.
Last name	Williams
Address	1314 Courteray Rd ~~Kirwee~~
Town	Kirwee
Postcode	7543
Email	
Contact phone no.	03 3178033

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support Malvern Community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to:
Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

100077

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	John
Last name	Ridger
Address	Greendale, R.D.1, Christchurch
Town	
Postcode	7671
Email	
Contact phone no.	0272801329

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the councils decision to keep the Malvern community board

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Janine
Last name	Kirkby
Address	2894 Coalfield Rd RD1
Town	Coalgate
Postcode	7673
Email	evie.design@xtra.co.nz
Contact phone no.	

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Valerie
Last name	Brand
Address	21 King ST
Town	Darfield.
Postcode	
Email	
Contact phone no.	

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

retain Comunity Board.

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100080

Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MR.
First name	HARVEY
Last name	POLGLASE
Address	119 HORNDON ST.
Town	DARFIELD
Postcode	7510
Email	harveypolglase at xtra.co.nz
Contact phone no.	021 617 326

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

YES

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Michelle
Last name	Lassche.
Address	505 Deans Rd R D 1
Town	Darfield.
Postcode	7571
Email	steve.lassche@xtra.co.nz
Contact phone no.	03 318 3636

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I agree with council decison to retain the 4 wards and the Malvern Commity Board

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Helen
Last name	Whyte
Address	21 Cross Street
Town	Coalgate
Postcode	7673
Email	antler.lodge@xtra.co.nz
Contact phone no.	3182335

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I agree with councils decision to keep Malvern community Board.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR,
First name	JOHN
Last name	CREAMER
Address	83 MTH. TCE
Town	DARFIELD
Postcode	7510
Email	N/A.
Contact phone no.	03 3188275

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Steph
Last name	Pearce
Address	17 School Lane
Town	Kirwee
Postcode	7543
Email	steph.pearce@googlemail.com
Contact phone no.	022 634 0655

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We need local community representation of the Malvern Community Board in our local area.

We support SDC decision.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Lyn
Last name	Gallagher
Address	256 Whitecliffs Rd. RD1 Coalgate
Town	Whitecliffs
Postcode	7673
Email	lyngallagher@xtra.co.nz
Contact phone no.	0273827725

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Retain the Malvern Community Board, this area needs local representation.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Olive.
Last name	McRae.
Address	280 Horndow ST Darfield
Town	
Postcode	
Email	
Contact phone no.	03 3188635

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We (Colin my husband) would like the Community Board Keep as in Malvern, I feel strongly about this. C. Mc Rae.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Mrs
First name	Jude
Last name	Walker
Address	3117 Coaltrack Rd
Town	Coalgate
Postcode	7673
Email	neiljudith@xtra.co.nz
Contact phone no.	027 2572772

Are you making this submission on behalf of an organisation? Y ☐ N ☐

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Our Community link with Selwyn District Council. Important to keep

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs.
First name	Angela
Last name	Dixon
Address	546 McLaughlins Rd. R.D.1, Darfield ~~7571~~
Town	Darfield.
Postcode	7571.
Email	dgdixon@extra.co.nz.
Contact phone no.	03 3179595.

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Too much for two councillors to do ~~the~~ to maintain the roles of what a Community Board does.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs.
First name	Rosalie
Last name	Mason
Address	10 North Tce
Town	Darfield
Postcode	7510
Email	randrmason@xtra.co.nz
Contact phone no.	03-3187603

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

The community Board does so much for the area, that 2 councillor would never be able to do it.

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100090

Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MRS
First name	HEATHER
Last name	SMITH
Address	4 RITSO ST
Town	DARFIELD
Postcode	7510
Email	—
Contact phone no.	3188781

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

WE NEED THE COMMUNITY BOARD BECAUSE OUR COUNCILORS HAVE NOT THE TIME TO KEEP UP WITH WHAT WE NEED IN OUR COMMUNITY.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Karen.
Last name	Cart.
Address	299 Horndon Street Darfield 7510.
Town	
Postcode	
Email	karenandclavidcart@hotmail.com.
Contact phone no.	03 3179976.

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support council decision to keep Melven Community Board who do an outstanding job.

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K. L. Cart.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MRS.
First name	NATALIE ~~MCRAE~~
Last name	MCRAE
Address	13 LE FLEMING ST
Town	DARFIELD
Postcode	7510
Email	geranium38@hotmail.com.
Contact phone no.	03 3179098

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

WE NEED THE COMMUNITY BOARD BECAUSE OUR COUNCILLORS HAVE NOT GOT THE TIME TO KEEP UP WITH WHAT WE NEED

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Lois
Last name	Haskett
Address	Alpine View 6/63B North Tce ~~Darfield~~
Town	Darfield
Postcode	7510
Email	/
Contact phone no.	(03) 3187-329

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We need to retain our Community Board in Darfield. The two Council members here would not be able to cope with everything that has to be done

One Councillor would give it good go. The other one, could go in the green Bin once. only. Never to return

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	Ms
First name	Shirley
Last name	Johnson
Address	107 Bangor Road
Town	Darfield
Postcode	7510
Email	shirl.j@orcon.net.nz
Contact phone no.	03 3179269

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We need the Community Board to do the local things that the Council do not do.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Janet
Last name	Cullen.
Address	44 North Terrace.
Town	Darfield.
Postcode	7510
Email	
Contact phone no.	03 3187176.

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

We need local representation retained for our area of Selwyn.

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	MRS
First name	ROSALIE
Last name	LENNOX
Address	33 GREENDALE ROAD
Town	DARFIELD
Postcode	7510
Email	
Contact phone no.	3188088

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Our Community Boards do an excellent job. And I propose we keep them going.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	ANN
Last name	MOORE
Address	12 DAWN PLACE KIRWEE
Town	KIRWEE
Postcode	7543
Email	ann.jo@xtra.co.nz
Contact phone no.	03 3178127

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I do not support the initial proposal to dismiss the Malvern Community Board but definitely support Selwyn District Council to retain the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	DAVID
Last name	ASHTON
Address	PO Box 38 KIRWEE 7543
Town	KIRWEE
Postcode	7543
Email	daveber@xtra.co.nz
Contact phone no.	03 3181635

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I SUPPORT THE SELWYN DISTRICT COUNCIL DECISION TO RETAIN THE MALVERN COMMUNITY BOARD.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR.
First name	DAVE
Last name	FITZJOHN
Address	506 RIDGENS RD. R.D 1
Town	CHRISTCHURCH
Postcode	7671
Email	apildave@hotmail.com
Contact phone no.	03 3188860

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☐

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

SUPPORT SMALL LOCAL GOVT BODIES

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Selwyn DISTRICT COUNCIL

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Representation Review Submission form

Title	H/W.
First name	Barbara
Last name	Maley
Address	1837 Wards Rd Charing Cross R.D.1 CH CH
Town	Darfield
Postcode	7671
Email	
Contact phone no.	03-3188049

Are you making this submission on behalf of an organisation? Y ☐ N ☒

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☒

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Support Keeping Community Bal.

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100101

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Peter
Last name	Pearson
Address	P.O Box 20 3481 West Coast Rd. 1
Town	DARFIELD
Postcode	7541
Email	
Contact phone no.	0331886060

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

Better representation for local area.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Judy
Last name	Wilson
Address	83 Mr Cundys Road Springfield
Town	
Postcode	7681
Email	wljmwilson@xtra.co.nz
Contact phone no.	03 3184706

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

I support the retention of the Malvern Community Board.

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Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Paula
Last name	Warman
Address	8 Clinton St
Town	Darfield
Postcode	7510
Email	pfstokes@gmail.com
Contact phone no.	3187909

Are you making this submission on behalf of an organisation? Y ☐ N ☑

If yes, name of organisation _____

Do you wish to attend a public hearing (on Monday 14 October, from 4pm to 8.30pm) to present your submission in person? Y ☐ N ☑

Preferred time: Afternoon 4-6pm ☐ Evening 6.30-8.30pm ☐

Submissions are open until 5pm, Monday 5 October

Please indicate whether you support the Initial Proposal for representation arrangements which will apply from the local authority elections in 2016. You are welcome to make comments on any aspects of the Initial Proposal.

The Community board is very important to our community and its voice.

Completed forms can be scanned to: representation@selwyn.govt.nz or posted to: Representation Review, Selwyn District Council, PO Box 90, Rolleston 7643