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-

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	LEANNE
Last name	DUNCAN
Address	5 GREENDALE ROAD
Town	DARFIELD
Postcode	7510
Email	cwlduncan@gmail.com
Contact phone no.	027 4427059

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.

TO RETAIN LOCAL VOICE FOR OUR TOWNSHIP.

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	Wayne
Last name	Matthews
Address	1083 Greendale Rd
Town	Darfield RD1
Postcode	
Email	wayne.matthews@yaldhurst.school.nz
Contact phone no.	318-7637

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 keep local representation and the four wards.
We need to keep our say.

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	Margaret
Last name	McDonald
Address	27 McLaughlins Rd DARFIELD
Town	
Postcode	7510
Email	pm.mmeclear.Net.NZ
Contact phone no.	3188-490

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 Submission

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	JANE
Last name	HUGGINS
Address	3024 Coaltrack Road
Town	Coalgate
Postcode	7673
Email	stories@ruralinzone.net.nz
Contact phone no.	03 318 2646

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

If yes, name of organisation COALGATE 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.

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	Rosemary
Last name	Ford
Address	13 Kowhai Drive
Town	Darfield
Postcode	7510
Email	rosebud49@xtra.co.nz
Contact phone no.	03 318 8357

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 decision to keep MC Board. For goodness sake the nonsense of beauracy in todays society an INSANE WASTE of MONEY AND TIME

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

100109

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Dianne
Last name	Westaway
Address	3/1299 Courtenay Road
Town	Kirwee
Postcode	7543
Email	westaway45@gmail.com
Contact phone no.	03 3181518

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

If yes, name of organisation Kirwee Reserve

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 retainning of our Community Board Representatives. These people are invaluable.

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

100110

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS.
First name	CAROL
Last name	Williams
Address	181 BLOAKHOUSE Rd.
Town	DARFIELD.
Postcode	7571
Email	Carol@billing solutions.co.nz
Contact phone no.	021 995 915

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 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

100111

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs.
First name	Dee
Last name	Nunan
Address	5 Charles St
Town	Waddington, Sheffield
Postcode	7500
Email	ddeen@xtra.co.nz
Contact phone no.	03 3183723

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.

Very important for all of us in this area. We are sometimes forgotten about the important issue's.

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	Jackson
Address	699 Kimberley Road
Town	Darfield.
Postcode	7571
Email	branjax50@gmail.com
Contact phone no.	03 3179015

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 status quo.

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	Tania
Last name	Gallagher
Address	1322 Courtenay Road
Town	Kirwee
Postcode	7543
Email	tanz.ga@xtra.co.nz
Contact phone no.	0274951614

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 Malvern Community Board. I support this because of the large geographical Area the ward covers and our two Councillors need the support of the board to look after the community committees

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

100114

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	James
Last name	Partington
Address	1970 Old West Coast Rd
Town	Christchurch
Postcode	7671
Email	partmoly@hotmail.co.nz
Contact phone no.	027 2281191

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.

Keeping the Malvern Committee Board as it is.

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	Maureen
Last name	Robertson
Address	2497 Old West Coast Rd Courtenay
Town	R.D.1 ChCh
Postcode	7671
Email	
Contact phone no.	03-3181728

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 the Community Board to represent us at the Council.

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	Lindsay
Last name	Westaway
Address	3/1299 Courtenay Road.
Town	Kirwee
Postcode	7543.
Email	westaway45@gmail.com
Contact phone no.	03 3181518

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.

Fully support the Submission. Community Board Representatives are a great link between Council and the Community.

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

100117

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Sarah
Last name	Molyneux
Address	1970 Old West Coast Rd
Town	Christchurch
Postcode	7671
Email	partmolyeh@hotmail.co.nz
Contact phone no.	027 6998413

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.

Keeping the Malvern Committee Board as it is.

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	WINDSOR
Last name	JOHNSTON
Address	8 PERRIN PLACE
Town	DARFIELD
Postcode	7510
Email	johnston2@xtra.co.nz.
Contact phone no.	022 656 8910

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

If yes, name of organisation N/A

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 ☐ N/A

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 SPC 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

100120

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Michael Alan
Last name	Richards
Address	135 Homedon ST
Town	Darfield.
Postcode	
Email	kayandmike@xtra.co.nz
Contact phone no.	3188380

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.

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

100121

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Christine
Last name	M'arthur.
Address	43 Stott Drive
Town	Darfield
Postcode	7571
Email	chrismcarthur@clear.net.nz
Contact phone no.	03 3188124

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 Community Board.
They do a good job.

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	JILLIAN MARY
Last name	MOORE.
Address	5/B OLDHAM PLACE DARFIELD
Town	
Postcode	7510
Email	
Contact phone no.	03 318 8189

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.

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	Graeme
Last name	ALBON
Address	820 Dalethorpe Road
Town	Sheffield
Postcode	7580
Email	
Contact phone no.	021 025 20328

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.

It is my Belief that the community Board is an utmost Necessity for 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	Mrs
First name	Wilma
Last name	Webster
Address	34 Railway terrace Sheffield 7500
Town	Sheffield
Postcode	7500
Email	—
Contact phone no.	03-3183063

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 Discison

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	Elka ~~Stuart~~
Last name	Stuart
Address	12 Stanwood Grove.
Town	Darfield.
Postcode	7510
Email	
Contact phone no.	03 317

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.

Elka Stuart.

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

100126

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Avis.
Last name	HEWSON
Address	2 Jackson Street Darfield
Town	DARFIELD.
Postcode	7510.
Email	avshewson@clear.net.nz
Contact phone no.	03 318478.

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 Malvern Community Board

A. J. Hewson

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	Aimee
Last name	Orange
Address	22 Piako Drive. R.D.1 ~~Darfield~~.
Town	Darfield.
Postcode	7571
Email	aimeestewart@hotmail.com.
Contact phone no.	03 3188199.

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 intial proposal.

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	George H. J.
Last name	RADFORD
Address	3 Longden Street Darfield
Town	
Postcode	7510
Email	
Contact phone no.	0331883440

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.

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	Andrea
Last name	Hendry
Address	27 School Lane Kirwee 7543 PO Box 348
Town	Kirwee
Postcode	7543
Email	p.hendry@xtra.co.nz
Contact phone no.	03 3178097

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.

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

100130

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Gordon Lester
Last name	Chambers
Address	29 Kimberley RD.
Town	Darfield.
Postcode	7510
Email	
Contact phone no.	0331858420

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 suport Council.

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	ROB
Last name	ABBOTT
Address	108 WASHPEN ROAD
Town	GLENROY Dunfield R-D2
Postcode	7572
Email	
Contact phone no.	03(3186 817

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 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

190132

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Pene
Last name	Thwaites
Address	535 Hororata Road, R.D.2. DARFIELD. 7572.
Town	Hororata
Postcode	7572
Email	
Contact phone no.	03-3180807

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	Mr
First name	VICTOR
Last name	DOCKERILL
Address	56, STOTT DRIVE
Town	DARFIELD
Postcode	7571
Email	
Contact phone no.	03 3188355

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

If yes, name of organisation DARFIELD POOL 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.

I fully support Malvern Community Board in all that they do for our community. And the district will be much worse without them. They make sure that funds are well secured & accounted for.

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

100134

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Judi
Last name	Laurence
Address	224 Hamdon St
Town	Darfield
Postcode	~~7571~~
Email	
Contact phone no.	03 3188557

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 input is essential for communities

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

100135

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Angela
Last name	Hardaker
Address	131 Fergusons Road. RD1 Sheffield. 7580
Town	
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.

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

100136

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Karen
Last name	Ratahi
Address	68 Dawes Rd.
Town	Coalgate.
Postcode	7673.
Email	
Contact phone no.	03 3186577.

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 council in retaining 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

100137

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Catherine
Last name	Ritson
Address	264 Windwhistle Rd Glenroy
Town	Glenroy
Postcode	9572
Email	
Contact phone no.	3186565

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 comittees are a big help in making a community keeping everyone in touch.

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

100139

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs + Mr
First name	Glenys + Andrew
Last name	Gillanders
Address	1367 Clintons Road RD1 Darfield 7571
Town	Darfield
Postcode	7571
Email	g.gillanders@xtra.co.nz
Contact phone no.	03 3188677

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

If yes, name of organisation No

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 retain our 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

100140

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Heather
Last name	Clouston
Address	41B South Tce
Town	Darfield.
Postcode	7510.
Email	
Contact phone no.	021 318 260.

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 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	Penny
Last name	OLIVER
Address	103 Cotens Rd Hororata
Town	RD 2 Dalfield
Postcode	7572
Email	sp.oliver
Contact phone no.	03 3180 771

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.

Serving on two local committees I appreciate the assistance that we receive from our local 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	DR
First name	BRUCE
Last name	SMITH
Address	BOX 12 DARFIELD
Town	
Postcode	7541
Email	
Contact phone no.	021 242 5971

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 MELVERN 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

100143

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs.
First name	Cynthia
Last name	Feuerstein
Address	378 Oakden Drive D
Town	Darfield
Postcode	7510
Email	
Contact phone no.	03-3188596

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

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

100144

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	GREEN
First name	RUSSELL CHARLES
Last name	
Address	296 HORNDON ST DARFIELD
Town	
Postcode	7510
Email	
Contact phone no.	3188657

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.

REPRESENT THE DISTRICT.

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

100145

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title Mrs	
First name	Susan.
Last name	Docker, LL.
Address	58 STOTT Drive
Town	Darfield.
Postcode	
Email	barksd1@clear.net.nz.
Contact phone no.	03-3188358

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 Councils decision to retain 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

100146

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs.
First name	Maig ~~Eo~~
Last name	Ludemann
Address	13 McHugh Crescent
Town	Darfield
Postcode	7510.
Email	
Contact phone no.	027212364

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

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

100147

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Anne
Last name	Hann
Address	2915 West Coast Rd RD 1
Town	Darfield
Postcode	7571
Email	jasanne@xtra.co.nz
Contact phone no.	03-3181959

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 submission to keep the Malvern Community Board. The Board does a huge amount of work to support our community and make our committees much more effective, especially with regards to communication with council.

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	FRANKLYN JOHN
Last name	CLYNE
Address	57 WARDOUR ROAD SHEFFIELD
Town	—
Postcode	750
Email	—
Contact phone no.	3183 602

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

If yes, name of organisation Hagley

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.

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

100149

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Daryl
Last name	Smith
Address	3000 Coaltrack rd
Town	Coalgate.
Postcode	
Email	dsmith@contract-construction.co.nz
Contact phone no.	03 3182600

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 community board. D Smith

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

100150

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Doreen
Last name	Ogilvie
Address	3 Nilson Lane
Town	Kirwee
Postcode	7543
Email	
Contact phone no.	03) 3181705

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 keep community board.

D Ogilvie

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

100151

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs.
First name	Mary
Last name	Ireland.
Address	3D Perrin Place Darfield
Town	Darfield.
Postcode	7510
Email	mary.rob@clear.net.nz
Contact phone no.	03 - 3188649

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 - the 11 Councillors and the Boundary adjustments

I do not support the disestablisment of the Selwyn Central 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

100152

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

15100504

Representation Review Submission form

SCANNED

Title	Committee member Glenray Community Hall
First name	GORDON POLE
Last name	DENNIS
Address	819 Sleemans Rd, R.D.2. Darfield.
Town	Glenroy
Postcode	7572
Email	gpredennis@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 ☐

RECEIVED - 5 OCT 2015 SELWYN DISTRICT COUNCIL

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 think that a 'lowered' input from Councillors is not to be desired.
We have been well served by Mr Bob Mugford from the Community Board.
We have never observed any great interest to be shown by elected Councillors.
Therefore maintain the 'status quo'

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

100153

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Diane
Last name	Chesmar
Address	C/- PO Box 90
Town	Rolleston
Postcode	7643
Email	diane.chesmar@selwyn.govt.nz
Contact phone no.	C/- 03 344 0418

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

If yes, name of organisation Selwyn Central Community Board

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 Selwyn Central Community Board has no objection to the number of Councillors

The Selwyn Central Community Board would like to see the name of our Ward stay as is "Selwyn Central"

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

100156

Representation Review - Submission Form

Title: MS First Name: Catherine Last Name: Field

Address: 11 Greenings Road RD1 Postcode: 7681

Town: Springfield Contact Number: 03 318 4750

Email: catherine@73hire.co.nz

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

If yes, name of organisation Springfield T'ship Comte

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.

The Springfield T'ship Comte supports the continuation of the Malvern Community Board.

Selwyn DISTRICT COUNCIL

100157

Subject: Online Representation Review Submission

• Title:	Mrs
• First name:	Steph
• Last name:	Kimber
• Address:	87 Hororata Road RD2
• Town:	Darfield
• Post Code:	7572
• Contact Phone:	+6433180808
• Name of Organisation:	
• Your Submission:	I am opposed to ceasing the existence of the Malvern Community Board.
• Your Email:	kimber.fencing@xtra.co.nz
• Are you making this submission on behalf of an organisation?:	No
• Do you wish to attend a public hearing to present your submission in person?:	No
• Preferred Time:	

100158

Subject: Online Representation Review Submission

- Title: Mr
- First name: Glenn
- Last name: Kimber
- Address: 87 Hororata Road RD2
- Town: Darfield
- Post Code: 7572
- Contact Phone: +6433180808
- Name of Organisation:
- Your Submission: I am opposed to stopping the existence of the Malvern Community Board
- Your Email: kimber.fencing@xtra.co.nz
- Are you making this submission on behalf of an organisation?: No
- Do you wish to attend a public hearing to present your submission in person?: No
- Preferred Time:

100161

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	KATHLEEN
Last name	FRENCH
Address	23 Delamare Way RD
Town	Rolleston
Postcode	7614
Email	awfrench@xtra.co.nz
Contact phone no.	347 2338

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 removal of the Community Board. The rate payers have a right to representation by a local body and I therefore recommend the Selwyn Central Community Board be retained.

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	Saudra
Last name	Dick
Address	306 Delamare Way
Town	Rolleston
Postcode	7614
Email	
Contact phone no.	03-3478-282

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

If yes, name of organisation ~~Community Board~~

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~~ I support the submission to keep the community board as it is at the moment.

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

100163

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Thomas
Last name	Dick
Address	30b Delamare Way Rolleston
Town	
Postcode	7614
Email	tomsclassics@ihug.co.nz
Contact phone no.	021065 1010

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 community boards

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

100166

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Miss
First name	Kirstin
Last name	Beaven
Address	513 West Melton Road
Town	Christchurch
Postcode	7676
Email	rangeview@outlook.co.nz
Contact phone no.	0274206676

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 would like to see the Selwyn Central Community board retained

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	Judy
Last name	Lawson
Address	26 Halkett rd
Town	Westmelton
Postcode	7676
Email	jhagem@gmail.com
Contact phone no.	027434486.

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 the SCCB to stay

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	DARRIN
Last name	SIMS
Address	438 WEST MELTON RD
Town	CHRISTCHURCH
Postcode	7576
Email	
Contact phone no.	03 3777357

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 SEE THE SCCB TO BE RETAINED AS I BELIEVE THIS IS THE VOICE OF THE COMMUNITY

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

100169

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Miss
First name	Hillary
Last name	Adamson
Address	438 West Melton Rd
Town	Christchurch
Postcode	87576
Email	hillaryadamson@xtra.co.nz
Contact phone no.	03 3777-357

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.

SCCB

I wish for this to stay as it is. These group of people are the voice for us and have done ~~som~~ so much work around the community. As our township is growing I think we need them now more than ever.

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

100170

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	William Desmond
Last name	Gardener
Address	155 Finlays Rd. West Melton
Town	Christchurch
Postcode	7675
Email	
Contact phone no.	347 8792

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 want the Community Board for Selwyn To finish, as they do a lot for the community, with out them we will have nothing.

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

100171

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Tim
Last name	Logan
Address	506 West Melton Rd
Town	West Melton
Postcode	7676
Email	timothy.logan@hotmail.com
Contact phone no.	03 377 ~~841~~ 8549

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 fully support the retention of the S.C.C.B.

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

100172

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Margaret
Last name	Langdale-Hunt
Address	123 Finlays Road RD5 West Melton
Town	Christchurch.
Postcode	7675
Email	margbruce66@xtra.co.nz
Contact phone no.	0274361035

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 feel that Selwyn Central Community Board representation in our Community of West Melton has made a huge difference in the progress of the development of the reserve, the Community Centre, taking our concerns back to Council & handling various concerns pertinent to particular residents. Keep SCCB. - a must

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	Penny
Last name	Taylor
Address	15 Finlays Rd 5RD West Melton Christchurch 7675
Town	Christchurch
Postcode	7675
Email	PennyTaylor@xtra.co.nz
Contact phone no.	027 6164987

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 would like the Selwyn Central Community Board to be retained & not disestablished

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	Wooding
Address	15 Finlays Road West Melton RD5
Town	Christchurch
Postcode	7675
Email	john@chs.co.nz
Contact phone no.	03 347 4299

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.

Please do not disestablish the Selwyn Central Community Board. I beleive it is beneficial for 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

10017S

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Dr
First name	SUSAN
Last name	BARLE
Address	97 FINLAYS RD WEST MELTON
Town	CHRISTCHURCH
Postcode	7675
Email	rats27@gmail.com
Contact phone no.	0334777228

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 believe the Selwyn Central Community Board has been of great value to our community and should be retained

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

100176

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	KEITH
Last name	COWAN
Address	61 FINLAYS ROAD RD5, CHRISTCHURCH 7675
Town	WEST MELTON
Postcode	7675
Email	keithjcowan@gmail.com
Contact phone no.	347-9064

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 want the Selwyn Central Community Board to be retained. It is beneficial to our community and members live in the community and seek feedback on proposals which could affect us as residents.

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

100177

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Dr.
First name	Martin
Last name	SEARLE
Address	97 Finlays Rd Westmelton
Town	Christchurch
Postcode	7675
Email	pete27@gmail.com
Contact phone no.	03 3477228

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 Board has done a v. good job so far
I would like it to continue

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	Paul
Last name	Spence
Address	52 Finlays Rd.
Town	West Melton
Postcode	7675
Email	Paul@goforth.conz
Contact phone no.	03347 1125

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 SCC board has been making a great contribution to the community - let it continue!

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

100179

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	KATHRYN
Last name	COWAN
Address	61 FINLAYS ROAD R.D. 5
Town	WEST MELTON
Postcode	7675
Email	kecowan61@gmail.com
Contact phone no.	(03) 347-9064

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 Selwyn Central Community Board should be retained. The "grass roots" part of our community needs continued representation which is readily accessible, and our Community Board representative provides this very well.

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

100180

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	TRINE
Last name	SPENCE
Address	52 Finlays Road.
Town	West Melton
Postcode	7675
Email	trine@goforth.co.nz
Contact phone no.	03 347 1125

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 believe that our Community Board does a great job at ~~its~~ the local level, the members are easily accessible to us & always ready to listen and represent us. Keep the Selwyn Central 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

100181

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	NICOLA
Last name	BARRON-BURNS
Address	76 KINGSWAYS ROAD WEST MELTON
Town	CHRISTCHURCH.
Postcode	7675
Email	barron.burns@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 believe the Community Board has been beneficial to our community and it should continue.

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

100182

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Geoffrey
Last name	Burns
Address	76 Finlays Road, RD 5, West Melton
Town	
Postcode	7675
Email	barron.burns@xtra.co.nz
Contact phone no.	021 1911632 3471550

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 firmly believe the Community Board has been beneficial to our community and I would like it to continue.

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

100183

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Rodney
Last name	Macpherson
Address	118 Johnson Rd RD5 West Melton
Town	CHCH
Postcode	7675
Email	rodsrun@xtra.co.nz
Contact phone no.	027 579 6769.

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.

Why change something that works - and works for the residents! The 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

100184

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Amanda
Last name	Macpherson
Address	118 Johnson Rd RD5 West Melton
Town	CnCn
Postcode	7675
Email	a.macpherson@rangiruru.school.nz
Contact phone no.	021163799

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.

There is no reason to remove the board. They should be continued

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

100185

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR.
First name	John.
Last name	Gaul
Address	29 Finlays Rd West Melton.
Town	-
Postcode	7675
Email	N2fs.nz@xtra.co.nz.
Contact phone no.	(03) 347 3347

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 request that the Selwyn Central Community Board should remain in existence.

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

100186

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	mrs
First name	Andrea Elizabeth
Last name	Gaul
Address	Finlays Road RD5 west melton
Town	
Postcode	7675
Email	andrea.murphy0012@msd.govt.nz
Contact phone no.	(03 3473347

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 request that the Selwyn central community Board should remain in existance

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

100187

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Philip
Last name	Manera.
Address	539 West Melton Road. R.D. 6 Ch-Ch 7676
Town	West Melton.
Postcode	7676
Email	
Contact phone no.	0274 620125

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.

Selwyn Community board must be retained.

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

100188

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Julie
Last name	Manera
Address	539 West Melton Rd 6 RD ~~Leeston~~
Town	Christchurch
Postcode	7676
Email	phil.julie.manera@xtra.co.nz
Contact phone no.	3474989

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.

Would like the Selwyn Central Community Bd to be retained. They do a great job.

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

100189

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Wendy
Last name	Beaven
Address	513 Westmetton Rd RD6 Westmetton
Town	Christchurch
Postcode	7676
Email	range_view@xtra.co.nz
Contact phone no.	027 2266045

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 would like to see the Selwyn Central Community Board retained.

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	Bruce
Last name	Wilson
Address	509 West Melton Rd
Town	West Melton
Postcode	7676
Email	
Contact phone no.	347 2398

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.

Please retain the S.C.C.B.

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

100191

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	RICHARD
Last name	TODD
Address	1/162 KNIGHTS RD
Town	CHRISTCHURCH
Postcode	7675
Email	RC.TODD@GMAIL.COM
Contact phone no.	021 318833

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 abolition of the Selwyn Central 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	Diane
Last name	Van der Zwet
Address	685 Selwyn Rd R.D. 8
Town	Springston
Postcode	7678
Email	rob-di@hotmail
Contact phone no.	027 2387434

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 retain the Selwyn Central Community Board. They are in touch with what is happening in their 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	MS.
First name	Christine
Last name	Varley
Address	30 Painters Road R.D 1
Town	CHRISTCHURCH.
Postcode	7671.
Email	jclapp@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 retain the Selwyn Central 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

100194

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Miss
First name	Kirstie
Last name	Simpson
Address	888/2 Newtons Rd R.D 5
Town	Christchurch
Postcode	7675
Email	simpsonshowteam@gmail.com
Contact phone no.	(03) 3474 924 or 027 413 6427

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 retain the Selwyn Central 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

100195

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Anne-Maree
Last name	Ward
Address	128 Finlays Road
Town	West Melton
Postcode	7675
Email	lagrange@xtra.co.nz
Contact phone no.	03 3479454

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 retain the Selwyn Central 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

100196

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Anthony
Last name	Quinn
Address	28 Jacks Drive
Town	West Melton
Postcode	7618
Email	ant_n_quinn@yahoo.com
Contact phone no.	021 231 7690

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 retain the Selwyn Central 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	Brenda
Last name	Quinn
Address	28 Jacks Drive
Town	West Melton
Postcode	7618
Email	ant_n_quinn@yahoo.com
Contact phone no.	021 061 0725

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 retain the Selwyn Central 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

100198

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	John
Last name	Clapp
Address	Paules Rd RD1
Town	Ch-Ch
Postcode	7671.
Email	jclappextra.co.nz.
Contact phone no.	0220642527.

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 retain the Selwyn Central 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

100199

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR.
First name	RAYMOND BARRY
Last name	WARD
Address	118 FINLAYS ROAD
Town	WEST MELTON
Postcode	7675
Email	
Contact phone no.	027 222 4800

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 RETAIN THE SELWYN CENTRAL 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

100200

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR.
First name	ROBERT GERARD
Last name	VAN DER ZWET
Address	685 SELWYN ROAD RD 8
Town	SPRINGSTON
Postcode	7678
Email	designdevelopment@gmail.com
Contact phone no.	027 625 7085

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 RETAIN THE SELWYN COMMUNITY BOARD AS IT CURRENTLY STANDS.
(SELWYN CENTRAL 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

100201

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Constance Annabelle
Last name	Gardener
Address	155 Finlays Rd. West Melton RD5 Chch 7675
Town	Christchurch
Postcode	7675
Email	
Contact phone no.	3478792

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 would like the Selwyn Central Community Board. To stay as they help in our community. Without them we have nobody.

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

Disestablishing both Community Boards means the current targeted community board rate can be more prudently utilised for other more productive purposes.

The future wellbeing of the Selwyn District rests with you, please do not squander the opportunity.

I do not wish to be heard in support of my submission.

Sincerely,

Paul Davey
pd_md@xtra.co.nz
03 347 4662

100204

Representation Review - Submission Form

Title: _____ First Name: PAUL Last Name: DAVEY

Address: P.O. BOX 42 RE Postcode: 7643

Town: ROLLESTON Contact Number: 0274986267

Email: pd-md@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

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.

Submission as attached was emailed to representation@selwyn.govt.nz on Monday 5 October 2015

PS.

From: **Marg and Paul Davey** pd_md@xtra.co.nz
Subject: Selwyn District Representation Review Proposal - Further Submission from Paul Davey
Date: 5 October 2015 2:06 pm
To: representation@selwyn.govt.nz

The Mayor and Councillors of the Selwyn District Council,

Thank you for the opportunity of making a further submission regarding the Representation Review proposal for the Selwyn District.

I have no further comment to make with regards to the Representation Review options relating to the Council and its Ward boundaries.

My submission focuses on your proposal to retain one Community Board and disestablish the other.

I continue to hold the view that Community Boards are a relic of the past, have been a source of ongoing political tension and division and have outlived their usefulness in this District.

Disestablishing one Community Board and retaining another, serves only to introduce a further level of confusion regarding what role Community Boards play in the fair and effective governance of the District as a whole. There should be no Community Boards.

Your current proposal does nothing to enhance the cohesive governance of the District, nor will it provide any greater level of service delivery or governance efficiency to the Malvern Ward residents and ratepayers.

The Springs and Ellesmere Ward communities manage their engagement and advocacy with the Council on behalf of their community very well, without the superfluous layer of Community Board governance.

The Selwyn Central Community Board Chair supported the proposal to disestablish the Selwyn Central Community Board and this should have sent a sufficiently blunt message to the Council, that the day for Community Boards in Selwyn was past.

The Council has always struggled with providing meaningful delegations to the Community Boards and the Boards have never felt sufficiently mandated to fulfil their advocacy role on behalf of their community.

In my opinion, the District is extremely well served by the many Community, Hall and Reserve committees, together with the various Ratepayer and Resident organisations who engage directly with their elected Councillors.

This Representation Review now presents the Council with an opportunity to rationalise District wide representation by having a more cohesive governance structure to more adroitly mange the rapid development the District is experiencing.

100205

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	Janet
Last name	Taege
Address	44 Oakden Drive
Town	Darfield
Postcode	7510
Email	janetTDarfield@xtra.co.nz
Contact phone no.	03 3188167

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 ☑ unsuitable time.

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.

It is most important for the Malvern Community Board to be retained. With only two Council representatives we are not fairly covered or supported by the Wider Council. I have been very concerned when reading in the Newspapers the lack of support for projects in Malvern - often seen nothing for our area - all bring over the 'other' side. We should never have joined as one Council.

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

100206

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	JACQUELINE S
Last name	SIME
Address	29 PIAKO DRIVE RD 1, DARFIELD 7571
Town	DARFIELD
Postcode	7571
Email	jacqsime1@gmail.com
Contact phone no.	03 - 3188822

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 the boundaries as set, and also 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

100207

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MR
First name	GRAEME
Last name	SIME
Address	79 Piako Drive RD 1
Town	Darfield
Postcode	7571
Email	gjsime@eleat.net.nz
Contact phone no.	03 318 8822

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 the boundaries as set and also 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

100209

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Margaret Ellis
Last name	Ellis
Address	15 Hororata Road
Town	Hororata
Postcode	7572
Email	
Contact phone no.	0274 341-609

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

If yes, name of organisation Hororata 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 retaining of the Malvern Committee Board.

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

100210

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Donald
Last name	Reid
Address	4 Maxwell Street
Town	Darfield.
Postcode	7510
Email	donaldreid@clear.net.nz
Contact phone no.	033188955

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 fully support the council's 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

100211

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Peter
Last name	WILLIAMS
Address	212 Cox's Road ~~Stet~~
Town	Sheffield RD1
Postcode	7580
Email	
Contact phone no.	033184720

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 feel that our community board should remain as it been in the past. Our representation is small enough in the rural areas + taking the community boards away will make this more difficult to have a say.

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	Submission for retaining Community Board
First name	Judith
Last name	Earl-Williams
Address	212 Cox's Rd, Sheffield RD 1, 7580
Town	
Postcode	7580
Email	JR-EARL-WILLIAMS@xtra.co.nz
Contact phone no.	033184720

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 asking your council to continue with community board as in our community Malvern we ~~have~~ are short of numbers Representing us now.

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

100213

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Allan
Last name	Thorne
Address	'Arbourlea' 2143 Beeby Rd RD 2 Darfield 7572
Town	Hororata
Postcode	7572
Email	allan.prue@extra.co.nz
Contact phone no.	033180798

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 without question support the retention of the Malvern Community Board, as it is a vital link for rural communities ~~and the S.D.C.~~ seeking information re the efficient running of their communities

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

AT.

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	mrs
First name	margaret
Last name	Ellis
Address	15 Heraroaten Road
Town	Heraroaten
Postcode	7572
Email	
Contact phone no.	027 341-609

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 retaining of the Malvern Committee Board

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

100215

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title Dr	Dr
First name	Olive
Last name	Webb
Address	91 Cordys Rd, Hororata
Town	Hororata
Postcode	7544
Email	owebbnz@gmail.com
Contact phone no.	03-3180880

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 would like to see the Malvern Community Board retained. The Community Boards are critical to ensure SDC attention to local detail and concerns.

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

100216

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Ms
First name	Carol
Last name	Gurney
Address	91 Cordys Road
Town	Hororata
Postcode	7544
Email	hororata cottage@gmail.com
Contact phone no.	03 3180880

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

If yes, name of organisation N/A

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 will not be meet if this is disolved

C Gurney

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	Henry
Last name	Studholme
Address	161 Hororata Rd Hororata
Town	Hororata
Postcode	7572
Email	henry.s@primefoodsnz.co.nz
Contact phone no.	03318085 1

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

If yes, name of organisation Prime Foods NZ Ltd.

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 - the continuation of it.

Studholme.

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

100218

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	RICHARD
Last name	PERKINS
Address	R.D.2 DARFIELD 7572
Town	HORORATA
Postcode	7572
Email	r.b.perkins@xtra.co.nz.
Contact phone no.	0274 376608

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

If yes, name of organisation HORORATA RESERVE BOARD.

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.

Wish to Retain 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	Bronwyn
Last name	Perkins
Address	310 Hororata Road RD 2 Darfield
Town	Hororata
Postcode	7572
Email	r.b.perkins.co.nz
Contact phone no.	03 3180066

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.

Wish to retain 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

100220

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Stuart
Last name	Oliver
Address	103 Cotons Rd. RD 2 Darfield
Town	Hororata
Postcode	7572
Email	s.p.oliver@xtra.co.nz
Contact phone no.	03 3180771

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.

Status Quo - Continuation of an excellent Service to our Community.
A vital part of action & communication.

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

100221

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Miss
First name	Dee
Last name	Oliver
Address	2532 Bealey Road RD 2 Darfield
Town	Hororata
Postcode	7572
Email	deesil1@hotmail.com
Contact phone no.	0277365633

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.

Being a volunteer + resident of my area the Malvern Community Board are an essential part of communication between the people & the Council. Board members are great to liase with + to assist with Council matters.

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

100222

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mr
First name	Neil Douglas
Last name	Oliver
Address	2463 Bealey Rd. RD 2 Darfield
Town	
Postcode	7572
Email	springheadfarm@xtra.co.nz ~~Springhead farm @ xtra Co NZ~~
Contact phone no.	03318 0824

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 Community ~~Council~~ Board
It's all we have

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

100223

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	Mrs
First name	Phyllis
Last name	Oliver
Address	2443 Bealey Road R.D.2 Darfield
Town	
Postcode	7572
Email	springheadfarm@xtra.co.nz
Contact phone no.	03 3180824

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 Community ~~Council~~ Board. The only voice we have from our area to the Selwyn District Council

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

100224

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	David.
Last name	Sligh
Address	277 Horoata Rd
Town	Horoata Rd
Postcode	7572
Email	hamptonsligh@xtra.co.nz
Contact phone no.	027 22 8886 7.

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

If yes, name of organisation Horoata Reserve 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 Horoata Reserve committee unanimously support 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

100225

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	
First name	Jenni
Last name	Carter
Address	224 Hororata Rd
Town	Hororata
Postcode	7572
Email	jenni.carter@xtra.co.nz
Contact phone no.	03 3180858

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

If yes, name of organisation Hororata Anglican Parish

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 want the Malvern Community Board be retained

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

100226

Selwyn DISTRICT COUNCIL

www.selwyn.govt.nz

Representation Review Submission form

Title	MRS
First name	PRUDENCE
Last name	THORNE
Address	"ARBOURLEA." Beaky Rd. 2143. HOROKAKA.
Town	Tl Ororara .
Postcode	7572.
Email	allan.prue@xtra.co.nz
Contact phone no.	03. 3180 798.

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 100% 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