



1. Submitter's details

1a. Submitter's full name

Postal address

Contact details  ( )  ( )  ( )  
Phone Mobile Fax

Email address

1b. Contact persons's name   
(if different from above)

Postal address

Contact details  ( )  ( )  ( )  
Phone Mobile Fax

Email address

2. Event details

2a. Name of event

2b. Event organiser

2c. Site address/location   
(provide full details)

2d. Brief description of the proposed activity

3. Submission

3a. Do you support or oppose the temporary road closure?

I support the application      I oppose the application

The particular parts of the application I support or oppose, or wish to comment on, are

Continue on a separate sheet if necessary

Please turn over

COUNCIL USE

Date received	<input type="text"/>	Property ID	<input type="text"/>	Classification#	<input type="text"/>	File Ref.	<b>RT-15-14</b>
Time received	<input type="text"/>	Legal ID#	<input type="text"/>	TechOne#	<input type="text"/>	Document#	<input type="text"/>

### 3. Submission (continued)

3b. The reasons for making my submission are


Continue on a separate sheet if necessary

3c. I wish New Plymouth District Council to make the following decision


Continue on a separate sheet if necessary

- |   |     |    |
|---|-----|----|
| 3d. Do you wish to be heard in support of your submission?  | Yes | No |
| 3e. If others make a similar submission, would you consider presenting a joint case with them at a hearing? | Yes | No |

### 4. Submitter's declaration

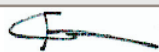
#### Privacy statement

The personal information supplied by you in this form will be used only for purposes directly related to this matter and will be held in accordance with the provisions of the Privacy Act 2020 and the Local Government Official Information and Meetings Act 1987.

Your personal information will be kept confidential to the Council so far as permitted by law.

You have the right to access and request changes to your personal information at any time.

I confirm that I have read and understood the privacy statement above and declare that the information provided in this submission is true and correct.

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Signature

Date

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Name (print clearly)

Title