KAIKOURA DISTRICT COUNCIL

SUBMISSION FORM

Name: _____

Organisation: _____

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Closing Date:		

Signature: _____ I wish to be heard ☐

Date: _____ I DO NOT wish to be heard ☐

If you indicated that you wish to be heard, you will be contacted to arrange a time to attend the meeting to hear submissions. All submissions received will be made available to the public.