MANUKAU HARBOUR CRE: STORMWATER PRIORITIES CONSULTATION: FEEDBACK DETAILS

Name:							Proposition
Address							
Phone:			Emai				
[these detail	ls are optional unless you w	ant the C	Council to	provide feedbac	k to you]		
Are there ar	ny additional criteria which y	you feel s	hould be	considered as p	art of the se	lection process?	
Do you have	e any additional comments'	?					
•	×						×
lf you requir	e more room, please use a	separate	sheet a	nd include it with	this form.		
Would you l	ike to be kept informed of t ase list contact details on first pag	he outcor ge of this for	me of thi	s consultation pro	ocess?	√YES VNO	
Would you I either the 'y	ike to be involved in future es' or 'no' column.	stormwa	ter netwo	ork consent applic	cations for th	ne following areas?	Please tick in
	CRE Area	Yes	No				
	Hauraki Gulf Islands Mahurangi Harbour					,	

Please return this feedback form to us via email at the following address: ndc@aucklandcouncil.govt.nz



Hibiscus Coast

South Kaipara Head

Wairoa West Coast

North East

[If yes, please list contact details on first page of this form]