



FORM Submission on a temporary road closure

1.	Submitter's details				
1a.	Submitter's full name				
	Postal address				
	i Ostai addiess				
	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				
	proposed delivity				
3.	Submission				
3a.	Do you support or oppose	the temporary road closu	ıre?		
	I support the applicat	ion I oppose the	application		
	The particular parts of the	application I support or op	opose, or wish to comment o	n, are	
	-			Continue on a separ	ate sheet if necessary
COUNCIL USE					Please turn over
Date received	Property	ID III	Classification#	File Ref.	RT-15-14
Time received	Legal ID	#	TechOne#	Document#	

3b. The reasons for making my submission are			
		Continue on a separate she	et if necessa
3c. I wish New Plymouth District Council to make the following dec	ision		
The state of the s			
		0	- 4 if
		Continue on a separate she	et it necessa
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	
presenting a joint case with them at a hearing?			
			-
4. Submitter's declaration			
Privacy statement The personal information supplied by you in this form will be used o	unly for nurnoses d	irectly related to thi	e matter
and will be held in accordance with the provisions of the Privacy Ac Information and Meetings Act 1987.	t 2020 and the Loc	cal Government Offi	cial
Your personal information will be kept confidential to the Council so	far as permitted b	y law.	
You have the right to access and request changes to your personal			
I confirm that I have read and understood the privacy statement about in this submission is true and correct.	ove and declare tha	at the information p	rovided
	1	/	
Signature		Date	
		Title	
Name (print clearly)			

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APP-R-463-F, Mar 22, V2, Page 2 of 2