

Submission on Proposal for the Canterbury Regional Pest Management Plan 2017-2037

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Submitter ID:					
File No:					

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Return your signed submission by 5:00pm, Monday 3 July 2017:

By Post: Freepost 1201 Proposal for the Canterbury Regional Pest Management Plan P O Box 345 Christchurch 8140	Or by email: pestreview@ecan.govt.nz
Full Name:	Phone (Hm):
Organisation*: * the organisation that this submission is made on behalf of (where applicable)	Phone (Wk):
Postal Address:	Phone (Cell):
	Postcode:
Email:	Fax:
Signature:	
 I <u>do not</u> wish to be heard in support of my submission; or I <u>do</u> wish to be heard in support of my submission; and if s I would be prepared to consider presenting my submission; 	3 0,

submission at any hearing

(1) The specific provisions of the Proposal that my submission relates to are:		(2) My submission is that: (include whether you support or oppose the specific parts/provisions of the Proposal, or wish to have them amended, and the reasons for your views)		(3) I seek the following decisions from Environment Canterbury:(Please give precise details for each part/provision.
Part & Page Number	Sub-part/ Provision	Oppose/support (in part or full)	Reasons	The more specific you are the easier it will be for the Council to understand your concerns)

Add further pages as required