Wairoa District Council Appeal Form



Signature of submitter

(or person authorised to sign on behalf of submitter)



To:	Wairoa District Council PO Box 54
	Wairoa 4160
	Email: feedback@wairoadc.govt.nz
SUBMI	TTER
Name: N	Mr/Mrs/Ms/Miss
Postal A	ddress
Telepho	ne(day) (mobile)
Email	
ORGAN	NISATION If you are completing this submission on behalf of others, please name the group or organisation:
Any pe	rson or organisation that has made a submission on the Representation Review 2024 - Initial Proposal dge a written appeal that:
	ist identify the matters to which the appal relates; and
b. Ma	y raise only those matters that were raised in the original submission
	eal to the Representation Review 2024 - Final Proposal is as follows: se or write clearly in black or dark blue pen, as your submission will be photocopied for distribution)
-	

Please complete this form, and return it to us by 4pm Friday 1 November 2024

Date