

Submission on Proposed Food Act 2014 Fees



Submissions close Monday 14 May 2018

1. Submitter Details

Full Name	<input type="text"/>		
Organisation (if applicable)	<input type="text"/>		
Contact Person (if applicable)	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Contact Details	Email Address: <input type="text"/>		
	Phone: [Daytime] <input type="text"/> Phone: [Mobile] <input type="text"/>		
Address for Service	<input type="text"/>		
(if different from above)	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Signature (of submitter or person authorised to sign on behalf of submitter)	<input type="text"/>	Date	<input type="text"/>

Subject to the Local Government Act 2002, all information contained in a submission including the name and address of the submitter, will be made publicly available. Submitters have the right to access and correct personal information.

2. Council Hearing

Do you wish to be heard in support of your submission?

☐ Yes ☐ No

If you answered 'Yes to being heard, would you be prepared to consider presenting a joint case with others who have made a similar submission?

☐ Yes ☐ No

3. Return Submission to:

Environmental Health
Marlborough District Council
PO Box 443
Blenheim 7240

Fax: 03 520 7496

Email: environmentalhealth@marlborough.govt.nz

For Office Use
Submission No:

4. The specific parts of the proposed Food Act 2014 Fees the submission relates to are as follows:

Continue on a separate sheet if necessary

5. My submission is: *(state the nature of your submission whether you support or oppose (in full or in part) specific provisions)*

Continue on a separate sheet if necessary

6. The decision I seek from Council is: *(where amendments are sought, provide details of what changes you would like to see)*

Continue on a separate sheet if necessary