

HAMILTON CITY ALCOHOL CONTROL BYLAW 2015 – FEEDBACK FORM

SECTION 1 *Please print your details clearly*

Name : Mr / Mrs / Miss / Ms/ Dr

Company / Organisation (if applicable):

Street Number & Name or PO Box:

Suburb:

Town/City

Post Code

Phone (day):

Phone (evening):

Email:

*All submissions are treated as public documents and will be loaded on to the Council's website with names of submitters included. If you have any questions about making a submission please phone **07 838 6537**.*

Important

Do you wish to speak about your submission at a Council hearing?

Yes No If you **do not** tick a box we will assume that you **do not wish to speak at a hearing**.

Hearings are anticipated to be held end of October 2015. Please note if you indicated that you wish to be heard, we will contact you once hearing dates have been finalised.

SECTION 2

1. The bylaw proposes to continue the current alcohol ban areas with no changes. Do you support continuing to ban the consumption and possession of alcohol in the following areas:

24/7 ban in Central City Area. Yes No Don't know

Comments

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24/7 ban in Te Rapa Area. Yes No Don't know

Comments

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10pm to 6am / 7 days a week city ban. Yes No Don't know

Comments

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2. What aspects of the proposed bylaw do you agree with and why? Please be as specific as possible.

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3. What aspects of the proposed bylaw do you NOT agree with and why? Please be as specific as possible.

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4. Do you have any other comments?

5.

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Feedback can be:

- submitted online : hamilton.govt.nz/alcoholcontrol
- posted: Freepost 172189, Strategy & Research Unit, Hamilton City Council, Private Bag 3010, Hamilton 3240
- delivered to the main reception, ground floor of Council Building, Garden Place

Important Reminder: All written feedback must reach Council by 4pm 2 September 2015. Late submissions will not be accepted.

Thank you for your feedback.