

FEEDBACK FORM

PROPOSED CLASS 4 GAMBLING VENUE POLICY

SECTION 1 Please print your details clearly

Name: Mr / Mrs / Miss / Ms _____

Organisation: _____

Address: _____

Phone: (day) _____ (evening) _____

Email: _____

Are you responding as a resident/business/other stakeholder interest? (please circle)

Please note all submissions are treated as public documents and will be uploaded on to the Council's website with the names and contact details of submitters included.

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**.

If you wish to be heard, we will contact you once a hearing date for the policy has been finalised.

SECTION 2 Please print clearly

1. **Do you agree with allowing operators (including clubs) that currently operate within the permitted area to be able to relocate to alternative venue within the permitted area?**

Yes

No

Feedback can be:

- submitted online: www.hamilton.govt.nz/haveyoursay
- posted: Freepost 172189, Strategy 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 on 17 June 2016. Feedback after this date may not be included in the feedback summary to Councillors.