

SUBMISSION FORM

Proposed Amendment to Rates Remission Policy

Submis	sions	s clo	se at
5pm on	25 A	pril	2023

Return this form, or send your written submission to:

Rates Remission Policy Rangitikei District Council Private Bag 1102 Marton 4741

Email: info@rangitikei.govt.nz

Oral submissions

If you wish to speak to your submission, please tick the box below.

□ I wish to speak to my submission on 11 May 2023.

If you have any special requirements, such as those related to visual or hearing impairments, please note them here.

 $\hfill\square$ I wish to use New Zealand Sign Language

Privacy

Please note that submissions are public information. The content on this form including your personal information and submission will be made available to the media and public as part of the decision making process

 $\hfill\square$ Please tick this box if you would like your contact details (but not your name) to be made private

Name		
Organisation (if applicable)		
Postal address		
Phone		
Email		
Do you agree/d the Rates Remi	lisagree with the proposed amendment to ssion Policy?	
☐ Agree (tick one)	Disagree	
Attach additional information or pages if necessary		
Signed		
Date		