

Name of person making further submission: _____

This further submission is in relation to the <u>original submission</u> of: <i>Enter the details of the original submitter:</i> <ul style="list-style-type: none"> • name, address or email; and • submission number (and point(s), if applicable) 	The particular parts of the original submission I/we support /oppose are:	My/our position on the original submission is: <i>Support or oppose</i>	The reasons for my/our support/ opposition to the original submission are:	Allow or disallow the original submission (in full or in part)	Give precise details of why you wish to allow/disallow (in full or in part) to indicate the decision you want Council to make

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