

## Submission on Proposal for the Canterbury Regional Pest Management Plan 2017-2037

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## Return your signed submission by 5:00pm, Monday 3 July 2017:

Freepost 1201 Proposal for the Canterbury Regional Pest Management Plan P O Box 345 Christchurch 8140	pestreview@ecan.govt.nz	
Full Name:	Phone (Hm):	
Organisation*:  * the organisation that this submission is made on behalf of (where applicable)	Phone (Wk):	
Postal Address:		
Email:	Fax:	
Signature:	Date:	
(Signature of person making submission or person authorised to sign on behalf of person making submission is made by electronic means).	king the submission – Please note a signature is not required if the	
I do not wish to be heard in support of my submission; or		
I do wish to be heard in support of my submission; and if so	0,	
I would be prepared to consider presenting my submissi		

(1) The specific provisions of the Proposal that my submission relates to are:		(2) My submission is that:  (include whether you support or oppose the specific parts/provisions of the Proposal, or wish to have them amended, and the reasons for your views)		(3) I seek the following decisions from Environment Canterbury:  (Please give precise details for each part/provision.
Part & Page Number	Sub-part/ Provision	Oppose/support (in part or full)	Reasons	The more specific you are the easier it will be for the Council to understand your concerns)