



**INVERCARGILL CITY COUNCIL  
VOICE YOUR CHOICE – REPRESENTATION REVIEW ‘INITIAL PROPOSAL’  
SUBMISSION FORM**

**SUBMITTER DETAILS**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURNING YOUR SUBMISSION**

Return by 5.00 pm, Tuesday, 8 September

**Deliver to:**  
Civic Administration  
Building  
101 Esk Street  
INVERCARGILL 9810

**Post to:**  
Submission  
Representation Review  
Invercargill City Council  
Private Bag 90104  
INVERCARGILL 9840

**Email to:**  
policy@icc.govt.nz

**PRESENTATION OF SUBMISSION**

Please tick as appropriate. If neither of the boxes are ticked, it will be considered that you do not wish to be heard.

- I wish to speak to the Mayor and Councillors about my submission.  
 I do NOT wish to speak to the Mayor and Councillors about my submission.

1. Do you agree that Invercargill District should elect its Councillors at large (no use of wards)?

Yes  No

2. Do you agree with 12 Councillors for the Invercargill District?

Yes  No

*Please note: Submissions received on the Representation Review will be made available to the public as required by the Local Government Official Information and Meetings Act 1987. This will include the name and contact details of submitters.*

3. Do you agree with retaining the Bluff Community Board (five elected board members and one appointed Council Representative, with no change to Board Boundaries)?

Yes

No

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4. Should there be any other Community Boards?

Yes

No

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Further Comments?

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