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| --- | --- |
|  Submission Number: | Office Use only |

# INVERCARGILL CITY COUNCIL SUBMISSION FORM:

# Dangerous Buildings Policy

**CONTACT DETAILS (Please print clearly)**

**Name:**

**Contact Person:** *(if the name above is an organisation)*

**Postal Address:**

**Daytime Telephone:** **Email:** ……………………..…….…………

**Signature:**

**I wish to speak to the Mayor and Councillors about my submission:** Yes □ No □

***(Note: if you wish to be heard, please supply contact email or phone number)***

**MY SUBMISSION ON DANGEROUS BUILDINGS POLICY IS:**

 *(Please turn over)*

 (include extra pages if you wish)