

1. Resident's Details

Mr	☐	Mrs	☐	Ms	☐	Other	
Surname/Family Name							
Given Name/s							
Email							
Phone Number							
Business/Association/Group (if applicable)							
Unit/Street No.		Street					
Suburb						Postcode	
Postal Address (if different from above)							

***Please complete 1 feedback form per property and include the property address.** Forms without completed address details and additional forms received will be considered informal.

Information obtained is for the purpose of this matter, however Councils obligations under the Freedom of Information Act 1991 remain.

2. Please select the most preferred option

OPTION 1 - I support the proposal	☐
OPTION 2 - I support the proposal with following changes (Please comment)	☐
OPTION 3 - I do not support the proposal	☐

3. Comments:

[illegible]

4. Signature & Date

OFFICE USE ONLY

Attention:

Bradley Wallace