

Comment on the Waitohi Picton Ferry Precinct Redevelopment Fast Track Application

All sections of this form with an asterisk (*) are mandatory.

1. Contact Details

Please ensure that you have authority to comment on the application on behalf of those named on this form.

Organisation name (if relevant)	Silve Development LTD.		
*First name	Gary		
*Last name	Knofflaek		
Postal address	5 York Street Picton.		
*Home phone / Mobile phone		*Work phone	
*Email (a valid email address enables us to communicate efficiently with you)	gary@pictonitm.co.nz.		

2. *We will email you draft conditions of consent for your comment about this application

<input checked="" type="checkbox"/> I can receive emails and my email address is correct	<input type="checkbox"/> I cannot receive emails and my postal address is correct
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3. Please provide your comments on the Waitohi Picton Ferry Precinct Redevelopment Application

If you need more space, please attach additional pages. Please include your name, page numbers and [insert project name] Application on the additional pages

I am Happy For this to be
Fast Track.

7 Devon Street Picton

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1. Contact Details

Please ensure that you have authority to comment on the application on behalf of those named on this form.

Organisation name (if relevant)	Picton Building Centre ITM.		
*First name	Sony		
*Last name	Knofflock		
Postal address	5 York street Picton.		
*Home phone / Mobile phone		*Work phone	021 533 462
*Email (a valid email address enables us to communicate efficiently with you)	Sony@pictonitm.co.nz		

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