

**For internal use only:**

ECM project # **POL22/01-03**

ECM no. #

Submission #

Customer #

Property #

# Draft Local Alcohol Policy

**Submission form** (please provide feedback by **11 September 2022**)

**Name/Organisation**

**Physical address**

**Postal address**

**Postcode**

**Phone**

**Email**

**A hearing will be held on Wednesday 28 September 2022. Would you like to present your submission to Council at the hearing?**

Yes ☐

No ☐

**What is your preferred option for the future of the draft Local Alcohol Policy?**

**Option 1 Council retains the current Local Alcohol Policy** ☐

**Option 2 Council adopts the draft Local Alcohol Policy** ☐

**Option 3 Council revokes the Local Alcohol Policy** ☐

**Do you have any other comments to make on the draft Local Alcohol Policy?**

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**Need more information or prefer to do it online?**

Visit [www.waikatodistrict.govt.nz/sayit](http://www.waikatodistrict.govt.nz/sayit)

**Privacy statement**

The contents of your submission (not including your address and contact details) will be made public through Council agendas and as a result will be published on our website. If you would like your name also kept confidential, please let us know on your submission form.