**Feedback Form**

**Draft Tarawera Lakes Restoration Plan**

Name:

Organisation:

Phone (Day):

Phone (Evening):

Physical Address:

Postal Address (if different from above):

Email:

|  |
| --- |
| Do you support the proposed actions stated in the Tarawera Lakes Restoration Plan? |
|  |

|  |
| --- |
| What actions or aspects of the actions to you agree with and why? |
|  |

|  |
| --- |
| What actions or aspects of the actions to you disagree with and why? |
|  |

|  |
| --- |
| Are there any actions you would like to see included in the Tarawera Lakes Restoration Plan? |
|  |

|  |
| --- |
| Do you have any further comments? |
|  |

⃝Would you like to receive email updates about the Tarawera Lakes Restoration Plan?

***Please feel free to attach any supporting documents if required. Feedback period closes 4pm, Friday 19th June. Thank you for your feedback.***