Northland DHB Plan Change Feedback Form

To provide further feedback please ensure you fill out this feedback form and email it to

Project.Office@northlanddhb.org.nz

Or return it in the postage paid envelope provided by **14 December 2018** to:

**Northland DHB Plan Change**

**c/- McAlley Consulting Group**

**PO Box 1138**

**Cambridge 3450**

With regard to the **overall project** and the proposal to rezone the Hospital site what do you see as the positives and negatives of this?

**Positive Elements**

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**Negative Elements**

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With regard to the proposed future redevelopment of the Hospital, are there any **specific issues** you would like to see considered?

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With regard to the proposed redevelopment of the Hospital, are there any **specific concerns** you have about the possible effects of the redevelopment?

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From the information you have provided we will be continuing our work on the Plan Change application. We will be undertaking further consultation with groups and individuals as necessary to assist in understanding issues.

It would assist if you could please provide your name, address and email so that we can be sure to contact you about future consultation:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
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