



FEEDBACK FORM: NEW BRIGHTON BEACHSIDE PLAYGROUND

Name: _____

Address: _____

Postcode: _____

Phone number: _____

Email: _____

PLEASE CIRCLE YOUR RESPONSE, YES or NO

Are you happy for DCL to contact you to keep you informed of our work in New Brighton? YES / NO

1. Do you like the playground concept? YES / NO

Why?

2. Do you like the proposed equipment types?

Why?

YES / NO

3. Any other comments?

Please send this form by Sunday 23rd July. You can fold this form and return it by Freepost to DCL. You can also return this form to the New Brighton Library, the Regeneration Hub on Carnaby Lane, PaperPlus New Brighton, and the New Brighton Project office at 105 Brighton Mall.

Online responses can be made at www.ccc.govt.nz/haveyoursay