

## Submission Form: Application to Move Gaming Machines

The Whangarei Returned and Services Association Incorporated (the RSA) has applied to Whangarei District Council for permission to relocate its gaming venue premises from its current site at 9 Rust Avenue to new premises at 12-16 Hannah Street, Whangarei, due to circumstances beyond their control.

Whangarei District Council's Class 4 Gambling Venue Policy allows for such a relocation and provides the criteria and processes that needs to be followed.

Whilst the application fully complies with the Policy provisions, the application is still subject to public notification and we therefore welcome your feedback.

### Points to remember when making a submission

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### How to get this form to us

Mail to: Health and Bylaws, Whangarei District Council, Private Bag 9023, WHANGAREI 0148

Fax to: 09 438 7632

Email to: [mailroom@wdc.govt.nz](mailto:mailroom@wdc.govt.nz)

**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \*

Wayne Eric Brasch

Postal address

Et 1 Pompellier Estate Drive  
Maunder, Whangarei

Best daytime phone number \*

02102603686

Email \*

Wayne.Brasch@xtra.co.nz

Organisation

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box)

☒ Yes

☐ No

**Please write your comments or reason(s) for your opposition or support below**

The relocation is only a short distance (655 metres as the crow flies).

There will be no increase in gaming machine numbers. The gaming machine numbers will decrease by five as a result of the relocation.

The new site is in a suitable area, a business zone, away from residential houses and schools etc.

The machines will remain operated very responsibly by the RSA.

Such relocations are expressly permitted under council's gambling venue policy. Council has confirmed that the application fully complies with the policy.

Signature:



Date:

17/9

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### Please enter your details

Full name(s) \* Margaret Burnard

Postal address 4 Ring St.  
Kensington

Best daytime phone number \* 437 0451

Email \* burnie1@yahoo.co.nz

Organisation Women's Section R.S.P.

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

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Signature: M. Burnard

Date: 17-9-2018

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### Please enter your details

Full name(s) \* Lorraine Marion McKay

Postal address 1166 Mill Rd. Whangarei

Best daytime phone number \* 4370327

Email \* \_\_\_\_\_

Organisation Womens Section. RSA. Whangarei

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*L. McKay*

Date:

17/ 9/ 2018

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### Please enter your details

Full name(s) \* Judith Gillian

Postal address 13C Selkirk St.  
Morningside Whangarei

Best daytime phone number \* 4381810

Email \* \_\_\_\_\_

Organisation Woman's section RSA  
(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No ✓

### Please write your comments or reason(s) for your opposition or support below

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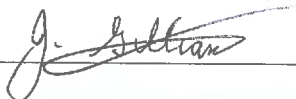
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Signature:



Date:

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### Please enter your details

< Full name(s) \* Nelisa A. Murphy

• Postal address 21 Kahiwi St. Rauwanga Whangarei

✓ Best daytime phone number \* 0220372667

Email \* N/A

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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### Please enter your details

Full name(s) \* Aileen N Cochrane.

Postal address 69 Bush Haven Drive  
Kamo

Best daytime phone number \* 435 0010.

Email \* aileencochrane@xtra.co.nz.

Organisation RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Lined area for additional text or comments.

Signature: A. Noble Date: 17. 9. 18

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### Please enter your details

Full name(s) \* Bruni Eric Towgood

Postal address 57 Russell Road Whangarei

Best daytime phone number \* 027-539-3699

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature:

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Date:

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### Please enter your details

Full name(s) \* Shane Kennedy

Postal address 18a Cartwright RD Kelston  
Auckland

Best daytime phone number \* 021 149 3943

Email \* Shane0.sndt@gmail.com

Organisation [REDACTED]

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

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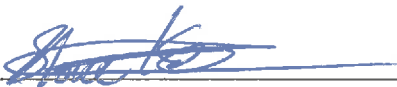
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Date:

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### Please enter your details

Full name(s) \* MARTIN ELSON

Postal address 3 KAHU ST, RAUMANGA, WHG.

Best daytime phone number \* \_\_\_\_\_

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature: M. B. L. Date: 13.9.18

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### Please enter your details

Full name(s) \*

Joy Burkhardt

Postal address

4/14 Old Onerahi Road  
Whangarei

Best daytime phone number \*

Email \*

Organisation

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box)

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☒ No

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Date:

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### Please enter your details

Full name(s) \* DOREEN DELVES

Postal address 3/318 WESTERN HILLS DRIVE  
AVENUES

Best daytime phone number \* \_\_\_\_\_

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

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Signature:

*IO Wines*

Date:

*14 / 9 / 18*

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### Please enter your details

Full name(s) \* Danielle McCallion

Postal address 14 Kamo road

Best daytime phone number \* \_\_\_\_\_

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

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Signature:

*D. McCollison*

Date:

*13/9/18*



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### How to get this form to us

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Fax to: 09 438 7632

Email to: [mailroom@wdc.govt.nz](mailto:mailroom@wdc.govt.nz)

**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* MELVYN BRUCE MATHESON

Postal address 21 A DUKIRI ST,  
KAMO WHANGAREI

Best daytime phone number \* 09 435 3526

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

The relocation is only a short distance (655 metres as the crow flies).

There will be no increase in gaming machine numbers. The gaming machine numbers will decrease by five as a result of the relocation.

The new site is in a suitable area, a business zone, away from residential houses and schools etc.

The machines will remain operated very responsibly by the RSA.

Such relocations are expressly permitted under council's gambling venue policy. Council has confirmed that the application fully complies with the policy.

Signature:

*ms Matheson*

Date:

*13/9/18*

## Submission Form: Application to Move Gaming Machines

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Maureen Duffy

Postal address 27 Third Ave  
Whangarei

Best daytime phone number \* 021 0561 767

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

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Signature:

*M B Duff*

Date:

13/9/2018

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Diana Adams

Postal address 133 Draklin Rd Kokopu  
Whangarei

Best daytime phone number \* 4346905

Email \* keandtanus@gmail.com

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*D. Adams*

Date:

*13/9/2018*

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Linda Elson.

Postal address 3 Kahiwi St Raumanga Whg.

Best daytime phone number \* 4383807.

Email \* abby.elson@gmail.com

Organisation RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*A Eben*

Date:

13-9-18.



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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Dawn Elise Vanderton.

Postal address 3/10 Lincoln Place.  
1cann.

Best daytime phone number \* 09 4 9450181.

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature:

*D Edwards*

Date:

7-9-2018

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

• Full name(s) \* Glenis Noreen Harold

• Postal address 26 Te Anau Place  
Tikipunga

• Best daytime phone number \* 09 4352368

Email \* glenisharold@hotmail.com

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature: *E. J. Harold*

Date: 17-9-18

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Sharon Birch

Postal address 35c Murdoch Cres  
Whangarei

Best daytime phone number \* 0210554380

Email \* sharonbirch1960@icloud.com

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature:



Date:

07/09/18

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Sharon Brooks

Postal address 6 Hailes Road

Kamo, Whangarei, 0112

Best daytime phone number \* 0211652382

Email \* Sharon.Jamieson07@gmail.com

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

J. Brooks

Date:

7.09.2018



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### Please enter your details

Full name(s) \* Paula Delattre

Postal address PO Box 1076, Whangarei 0140

Best daytime phone number \* 0272378370

Email \* pauladelattre@gmail.com

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

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Signature:

*S. Dettlaff*

Date:

*7/9/18*

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### Please enter your details

Full name(s) \* MYLES FLYNN

Postal address 144 NGUNGURU ROAD RD3 WHANGAREI

Best daytime phone number \* 09 437 5190

Email \*

Organisation

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

The relocation is only a short distance (655 metres as the crow flies).

AN EASY DISTANCE TO WALK

There will be no increase in gaming machine numbers. The gaming machine numbers will decrease by five as a result of the relocation.

THAT'S GOOD!

The new site is in a suitable area, a business zone, away from residential houses and schools etc.

The machines will remain operated very responsibly by the RSA.

Such relocations are expressly permitted under council's gambling venue policy. Council has confirmed that the application fully complies with the policy.

As it's permitted it all OK then!  
##

Signature:



Date:

7/9/2018

## Submission Form: Application to Move Gaming Machines

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### Please enter your details

Full name(s) \* Gay Lang

Postal address 62 Riverside Drive  
Whangarei

Best daytime phone number \* 09-9866191

Email \* gaylangmobile@gmail.com

Organisation ORSA Member

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

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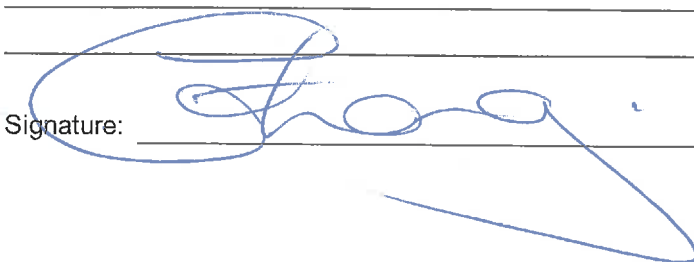
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While I do not like some of the effects of gambling I would much prefer that it is done in a smaller complex than large pub / Casino type places. RSA members can be overseen by other members + if they have a gambling problem (rather than just having a little fun & flutter) it can be easily picked up + support offered.

Signature:



Date:

7-9-18



## Submission Form: Application to Move Gaming Machines

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### Please enter your details

Full name(s) \* PATRICIA ELIZABETH HARBORD

Postal address 5/43 MAUNY RD  
WHANGAREI

Best daytime phone number \* 09 4386176

Email \* \_\_\_\_\_

Organisation R. S. A.

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature: PE Harbord Date: 07-09-2018



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Fax to: 09 438 7632

Email to: [mailroom@wdc.govt.nz](mailto:mailroom@wdc.govt.nz)

**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Warren & Pip Stewart

Postal address 11 & Lupton Avenue  
Kensington Whangarei

Best daytime phone number \* 0274 751156

Email \* w.stewart1@xtra.co.nz

Organisation Kamo Club

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

The relocation is only a short distance (655 metres as the crow flies).

There will be no increase in gaming machine numbers. The gaming machine numbers will decrease by five as a result of the relocation.

The new site is in a suitable area, a business zone, away from residential houses and schools etc.


The machines will remain operated very responsibly by the RSA.

Such relocations are expressly permitted under council's gambling venue policy. Council has confirmed that the application fully complies with the policy.

I believe the RSA poker machines are used predominantly by responsible users & are not contributing to the destruction of family values or finances. It is a safe place.

I also believe that the machines provide valuable revenue for the RSA which is used for the good of the members. With a small community such as the RSA persons gamble in a small caring controlled environment and if any person was in difficulty they would be easily recognised & supported to change.

Signature:



Date:

7/9/2018

## Submission Form: Application to Move Gaming Machines

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Chris Harold

Postal address 26 Te Anau Place  
Tikipunga Whangarei

Best daytime phone number \* 0274 974 968

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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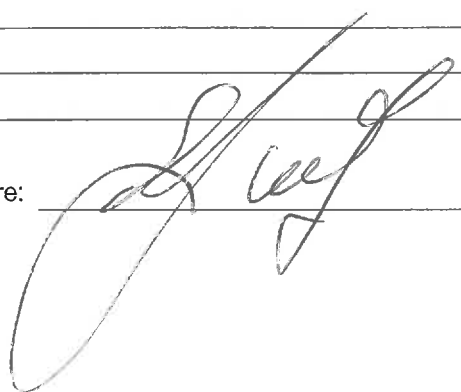
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Signature:



Date:

9-9-2018

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* BRYAN SMITH

Postal address 118 DIP RD RD 6 WHANGAREI

Best daytime phone number \* 0272045007

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:



Date:

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Colleen Towgood

Postal address 57 Russell Rd  
Whangarei

Best daytime phone number \* 027 6441247

Email \* Towgoodsc@xtra.co.nz

Organisation

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

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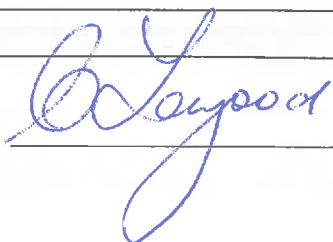
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Signature:



Date:

10/9/18



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### Please enter your details

Full name(s) \* IAN MAEGLEN SALTER

Postal address 65 KAMUKA ROAD WEST  
WHANGAREI

Best daytime phone number \* 09-438-6559

Email \* iansalter64@gmail.com

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

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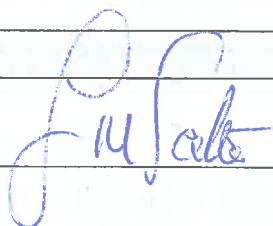
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Signature:



Date:

16/09/2018

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### Please enter your details

Full name(s) \* YVONNE BLUNDELL

Postal address 34 MAINS AVE  
KENSINGTON WHG.

Best daytime phone number \* 09 4372914

Email \* \_\_\_\_\_

Organisation WHG RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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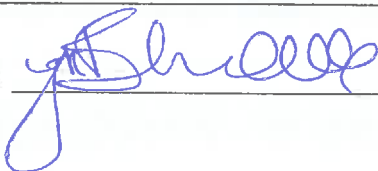
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Signature:



Date:

7.9.2018.

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### Please enter your details

Full name(s) \* TREVOR JOHN POYNITZ

Postal address 10 BERNARD STREET  
WHANGAREI

Best daytime phone number \* WH 4560888 HM 4386947

Email \* —

Organisation RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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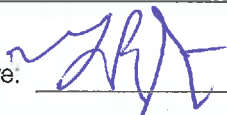
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Signature:



Date:

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### Please enter your details

Full name(s) \* Brian. WHITTAKER

Postal address 18 D SHORTLAND ST  
REGENT WH

Best daytime phone number \* 021 186 9696

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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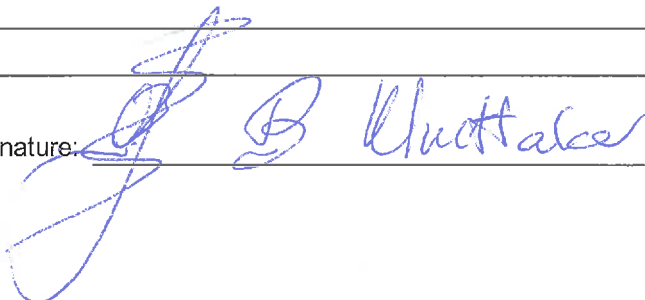
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Signature:



Date:

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### Please enter your details

\* Full name(s) \* Hilary Grace Hita.

\* Postal address PO Box 6055  
Otaika Whangarei

Best daytime phone number \* 094386476

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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✓ Signature: Hilary Birta

Date: 7.9.18

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### Please enter your details

Full name(s) \* Nancy Josephine Hawks

Postal address 26 D Hains Ave

Kerangton

Best daytime phone number \* 027 272 0032

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*H. J. Harris* QSM  
JP Rd.

Date:

*7/12/18*

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### Please enter your details

Full name(s) \* Arthur Percy Blundell

Postal address 34 Mary Ave.

Whg

Best daytime phone number \* 4372911

Email \* whgblundell@hotmail.com

Organisation R.S.A.

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature: A. P. Bell

Date: 7-9-18.



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### Please enter your details

Full name(s) \* LEONARD L. ROBSON

Postal address 1127 STONEHAGEN DRIVE  
WHG 0178

Best daytime phone number \* (09) 432 3766

Email \* eddie.robson@EMAIL.COM

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No ✓

### Please write your comments or reason(s) for your opposition or support below

The relocation is only a short distance (655 metres as the crow flies).

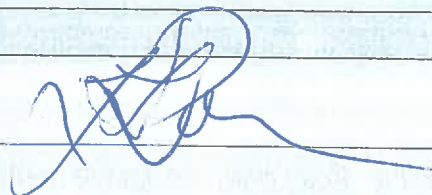
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Signature:



Date:

7/9/2018



## Submission Form: Application to Move Gaming Machines

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Fax to: 09 438 7632

Email to: [mailroom@wdc.govt.nz](mailto:mailroom@wdc.govt.nz)

**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* WILLIAM MORRICE RAYNER

Postal address 16 Attwood Rd RDB  
WHANGAREI

Best daytime phone number \* 022 6941 506

Email \* billrayner48@gmail.com

Organisation RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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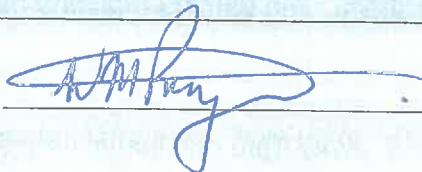
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Signature:



Date:

7 - SEP. 2018.

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### Please enter your details

Full name(s) \* Graham NELLY ALEXANDER

Postal address 129 RUMMAGE HIGHTS DRIVE Whg

Best daytime phone number \* 0274824362 094389366

Email \* \_\_\_\_\_

Organisation DRIVER

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:



Date:

7-9-18

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* NORMA SHIRLEY MORRIS

Postal address 150 MAINS AVE

Best daytime phone number \* (09) 437 2942

Email \* murphmorriss@xtra.co.nz

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature: 1. J. Morris

Date: 7/9/18



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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* DAVID READ

Postal address 49 MAROHEIT CRESCENT  
WHANGAREI

Best daytime phone number \* 021 077 4341

Email \* dave.read@outlook.co.nz

Organisation RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Date: 7-9-18



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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Bruce Thorburn

Postal address 49 Murdoch Cres Raumanga

Best daytime phone number \* \_\_\_\_\_

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature:

*B. Thorburn*

Date:

7-9-18

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### Please enter your details

Full name(s) \* RON TINSLEY

Postal address 66A KING ST

KENSINGTON

Best daytime phone number \* 437 3695

Email \* RONANDREW@XTRA.CO.NZ

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*Riffman*

Date:

07/09/18

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### Please enter your details

Full name(s) \* Susan Wood

Postal address 1/329 Western Hills  
Whangarei

Best daytime phone number \* 4596 918

Email \* suenmax@xtra.co.nz

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box)

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☒ No

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Signature:

*Wood*

Date:

7.9.18



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### Please enter your details

Full name(s) \* JOHN WATT FORDYCE

Postal address 37 TAURAROA ROAD.  
WHANGAREI 0178

Best daytime phone number \* 0274 415-672

Email \* JSFL@XTRA.CO.NZ.

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*JW Farley*

Date:

7-9-2018



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### Please enter your details

Full name(s) \* Margaret Webb

Postal address 3/191 Kamo Road  
Whangarei.

Best daytime phone number \* 09 4372256

Email \* mandwebb@xtra.co.nz.

Organisation RSA

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

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Signature:

*[Handwritten signature]*

Date:

*7/9/2018*

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### Please enter your details

Full name(s) \* Bruce Mac Gregor

Postal address 7 Rarumohi Street

Best daytime phone number \* 021577982

Email \* Macgregor-bruce01@gmail.com

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box)

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Signature:



Date:

14<sup>th</sup> Sept 18

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### Please enter your details

Full name(s) \* MAX PULLEN

Postal address 1329 WESTERN HILLS DR  
WHANGAREI

Best daytime phone number \* 09 4596918

Email \* SUE.N.MAX@XTRA.CO.NZ

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

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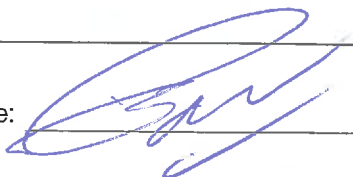
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### Please enter your details

Full name(s) \* KEVIN PATIKIWI

Postal address 55 DANABORAL RD

Best daytime phone number \* 09-4555573

Email \* \_\_\_\_\_

Organisation Home Nanny pa

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

The relocation is only a short distance (655 metres as the crow flies).

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The new site is in a suitable area, a business zone, away from residential houses and schools etc.

The machines will remain operated very responsibly by the RSA.

Such relocations are expressly permitted under council's gambling venue policy. Council has confirmed that the application fully complies with the policy.

Signature:

*O.K. Plevin*

Date:

*06-09-2018*



## Submission Form: Application to Move Gaming Machines

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### How to get this form to us

Mail to: Health and Bylaws, Whangarei District Council, Private Bag 9023, WHANGAREI 0148

Fax to: 09 438 7632

Email to: [mailroom@wdc.govt.nz](mailto:mailroom@wdc.govt.nz)

**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Rose Leefe Patuwai

Postal address 55 Belmoral Rd  
Tikipunga

Best daytime phone number \* ~~0943552~~ 094355523

Email \* +

Organisation Home Nanny  
(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:

*R. Polunai*

Date:

*7. 9. 2018*

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Hineke Marlene Denise Teapawa

Postal address 21 Rust Ave  
Whangarei 0110

Best daytime phone number \* 021 024 00650

Email \* hineke@xmail.com

Organisation Whangarei RSA

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☒ No

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Signature:



Date:

07-Sept-18

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* Pamela Eva Chestnut

Postal address 40 McInnes Av Kamo Whangarei 0112

Best daytime phone number \* 4356350

Email \* Chestnuts@orcon.net.nz

Organisation Whangarei RSA

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature: P. E. Chestnut

Date: 9<sup>th</sup> Sept 2018

## Submission Form: Application to Move Gaming Machines

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* SHEILA ROSE MUSTCHIN

Postal address 1. B. DUNDAS RD

RIVERSIDE WHANGAREI 0112

Best daytime phone number \* \_\_\_\_\_

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

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Signature:

X

SKD

Date:

7-9-18



## Submission Form: Application to Move Gaming Machines

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* WARAEN HASTINGS

Postal address 35A DUNDAS ROAD WHANGAREI

Best daytime phone number \* 09 4388822

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

### Please write your comments or reason(s) for your opposition or support below

The relocation is only a short distance (655 metres as the crow flies).

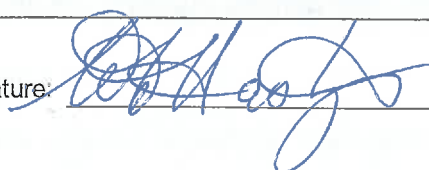
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Signature:



Date:

070918.

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**Your submission should reach us by 4pm on Thursday 20 September 2018**

### Please enter your details

Full name(s) \* ERIC STEPHEN MUSTEHIN

Postal address 115 DUNDAS RD  
RIVERSIDE WHANGAREI 0112

Best daytime phone number \* 021-0864-0432

Email \* KESTINKO@ICOMAIL.COM

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

### Please write your comments or reason(s) for your opposition or support below

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Signature: 

Date: 7-9-18

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### Please enter your details

Full name(s) \* DIXIE JANICE RHODES

Postal address 62 Waipunga ROAD Kamo

Best daytime phone number \* \_\_\_\_\_

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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*Please keep our club as it is  
with all the good facilities.*

Signature:

*DJ Rhodes*

Date:

*7/9/2015*

## Submission Form: Application to Move Gaming Machines

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### Please enter your details

Full name(s) \* ALASTAIR JONES

Postal address UNIT 4 BAPENTLAND RD

W149  
Best daytime phone number \* 4382655

Email \* \_\_\_\_\_

Organisation \_\_\_\_\_

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature:

*Alastair Jones*

Date:

*7-9-18*

## Submission Form: Application to Move Gaming Machines

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### Please enter your details

Full name(s) \* Angela Thomas

Postal address 690 George St  
Hikurangi

Best daytime phone number \* \_\_\_\_\_

Email \* angelathomas735@gmail.com

Organisation \_\_\_\_\_

*(if giving feedback on behalf of)*

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☐ Yes

☒ No

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Signature:



Date:

7/09/18

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### Please enter your details

Full name(s) \* KEVIN MAX PEACHES

Postal address 155 Combs Rd  
WHANGAREI

Best daytime phone number \* 021 758 822

Email \* Kevinmp1049@gmail.com

Organisation WHANGAREI RSA

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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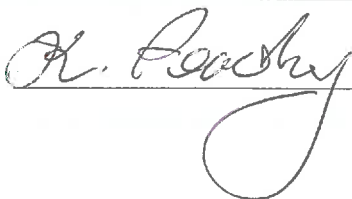
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Signature:

A handwritten signature in black ink, appearing to read 'H. Peachey'.

Date:

17-09-18.

## Submission Form: Application to Move Gaming Machines

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### Please enter your details

Full name(s) \*

BRUCE ABBOT

Postal address

8 GREENVIEW WAY  
KAMO

Best daytime phone number \*

021 02261281

Email \*

monkbabbott@hotmail.com

Organisation

WHANGAREI RSA

(if giving feedback on behalf of)

Do you support or oppose this application (✓ box)

☒ Support

☐ Oppose

Do you wish to be heard (speak) in support of your submission? (✓ box) ☒ Yes

☐ No

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Signature:

*De la Torre*

Date:

17 Sep 2018