

Submission Form

**PROPOSED MEDICAL CENTRE
LOT 101 #122A SPENCER STREET SOUTH BUNBURY
Application Reference DD005.2024.00000046.001**



Public submissions must be received by the City of Bunbury by the close of business on **Friday 19 April 2024**.

Please return completed form to the City of Bunbury, 4 Stephen Street, Bunbury or write to the City via:

To: Chief Executive Officer **Mail:** City of Bunbury, PO Box 21, BUNBURY, WA 6231
Email: info@bunbury.wa.gov.au

PRIVACY STATEMENT

Please note that your submission will be available to the public as an attachment if the matter is referred to Council. This will include your name and suburb only, unless the City is specifically requested to have this information redacted. Minimum information required for a submission to be considered a complete submission is your name, address, date and signature.

Name: _____ **Email:** _____
(All future notifications on this proposal will be sent to this provided email)
Address: _____ **Phone:** _____

Subject of Submission

(State how your interests are affected in relation to relevant planning criteria, whether as a private citizen, on behalf of a company, or as an owner or occupier of property. Attach additional pages if required.)

Address of Property Affected by Proposal (Include lot number and nearest street intersection if known.)

Submission (Give in full your comments and any arguments supporting your comments. Attach additional pages if required.)

- Support / no objection No comment Objection

Signature:

Date: ____ / ____ / ____