

Submission form

Auckland's Waste Management Future



Contact details

First name:

Last name:

Name of organisation (if applicable):

Email:

Address (optional):

Phone number (optional):

Hearing of submissions

Would you like to talk to your feedback and submission at a WM hearing? By selecting the option to talk to your submission, you agree to be contacted by the WM team to arrange a time to present your views.

Yes No

If yes, please specify:

In-person Virtually

Do you require a sign language interpreter:

Yes No

Preferred option

Please tick below to show your preferred option:

Option 1: **Rebalancing Existing Landfills**

Option 2: **Identify a New Landfill**

Option 3: **Alternative Technologies**

Option 4: **Auckland Recovers More (Waste Minimisation)**

Please explain why you prefer this option:

Additional comments, is there anything else you would add?

Consent to use feedback:

By submitting this form, you consent to your feedback being used as part of WM's public consultation process. Your personal details will remain confidential.

You can send your submission via post, email or through our online submission form here: www.wm.nz/consultation