

Draft Annual Business Plan & Budget Feedback Form

2015 - 2016



Your Details

Name:

Address:

Phone: **Mobile:**

Email:

Priorities

Do you support the proposed priorities?

- a) Yes - to all
- b) Yes - to some
- c) No - none

Please provide any further comments you have regarding the Council's 2015-2016 priorities.

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Annual Objectives

Do you support the Council's annual objectives?

- a) Yes - to all
- b) Yes - to some
- c) No - none

Please provide any further comments you have regarding the Council's 2015-2016 annual objectives.

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Services

Do you support the proposed services?

- a) Yes - to all
- b) Yes - to some
- c) No - none

Please provide any further comments you have regarding the Council’s 2015-2016 services.

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Further Comments

Do you have any further comments? If yes, please provide details below.

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Please return completed form marked:
Draft 2015-2016 Annual Business Plan & Budget Feedback
Email: townhall@npsp.sa.gov.au
Mail: PO Box 204 KENT TOWN SA 5071

City of Norwood Payneham & St Peters
175 The Parade, Norwood SA 5067

Telephone 8366 4555
Facsimile 8332 6338
Email townhall@npsp.sa.gov.au
Website www.npsp.sa.gov.au

