

Comment Sheet 2

Please complete and return to:
ACER (Africa) Environmental Consultants

Title	MR
First Name(s)	MIKE
Surname	WORTMANN
Organisation	PRIVATE
Position	
Postal Address	P.O. Box 21
City	GULLITTS
Postal Code	3603
Tel	/
Fax	096 658 9184
Cell	092 466 2216
E-mail	mikewortmann@gmail.com

Public Participation Office
Mareike Straeuli/Nolwandle Nkwanyana
P O Box 503, Mtunzini, 3867
Tel: 035 340 2715
Fax: 035 340 2232
E-mail: N3Batch1@acerafrica.co.za

I WOULD LIKE TO PARTICIPATE IN THE IMPACT ASSESSMENT PROCESS
 YES NO

PLEASE DELETE MY NAME FROM THE PROJECT MAILING LIST
 YES NO

1. Please consider the following issues as part of the Assessment: *(Please use extra sheets if needed)*

.....

.....

.....

.....

.....

.....

.....

Name of tenant/ occupant of property residing adjacent to N2 or N3 in project area

Title (Mr/Mrs/Dr etc)			
First name			
Surname			
Physical address:			
Postal address:			
Telephone:		Cell:	
Fax:		E-mail:	

Thank you for your participation