

PROPOSED MTUNZINI SANITATION SYSTEM, KING CETSHWAYO  
DISTRICT MUNICIPALITY

# Comment Sheet 1

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

Title	_____
First Name(s)	_____
Surname	_____
Organisation	_____
Position	_____
Postal Address	_____
City	_____
Postal Code	_____
Tel	_____
Fax	_____
Cell	_____
E-mail	_____

**Public Participation Office**

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**Deadline for comment:**  
**17 June 2019**

I WOULD LIKE TO PARTICIPATE IN THE 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*):

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2. My comments on or suggestions for the public participation and technical processes are as follows:

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I suggest the following stakeholders also be involved in the process:

Name	_____
Organisation	_____
Contact details	_____

*Thank you for your participation*