

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
Mrs Carina Boonzaaier

P O Box 503, Mtunzini, 3867
Tel: 035 340 2715
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E-mail: mtunziniwaste@acerafrica.co.za

Deadline for comment:
17 June 2019

| |
|---|
| <p><input checked="" type="checkbox"/> I WOULD LIKE TO PARTICIPATE IN THE ASSESSMENT PROCESS</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> PLEASE DELETE MY NAME FROM THE PROJECT MAILING LIST</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
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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