

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

Fax: 035 340 2232

E-mail: mtunziniwaste@acerafrica.co.za

Deadline for comment:
27 July 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