COMMUNITY REFERENCE GROUP NOMINATION FORM

Munno Para West – South of Chellaston Road
Local Area Traffic Management (LATM) Study

CITY OF Playford

1. Resident Details (Please note- One nominee per household)

Surname/ Family Name

Given Name/s

Email

Phone Number

Unit/Street no. **Street**

Suburb **Postcode**

Postal Address (if different from above)

**We ask for your details to allow us to clarify your comments if necessary, your information will remain confidential.*

2. Please tick your age group.

20~30 ☐ 30~40 ☐ 40~50 ☐ 50~60 ☐ Above 60 ☐

3. How long have you been living in the above mentioned address?

_____year(s) _____month(s)

4. Please provide your reasons for wanting to be involved with the Community Reference Group (CRG) and your interest or contribution in this LATM Study.

5. Please tick the night/s you would be available to meet if you are chosen to be a part of the CRG.

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Signature: Date:

OFFICE USE ONLY
Attention: Hyeyoung Ghang