



Island Bay cycleway submissions

Paper Based Submissions

Volume 2

Love the Bay - Delivering on the Cycleway

Submission Form

After the Love the Bay community-based design project, four design options for the Island Bay Parade and cycleway are open for public consultation from 31 July 2017 to 13 August 2017. Tell us what you think by 9pm, Sunday 13 August 2017. You can give feedback online at wellington.govt.nz/theparade, email your thoughts to theparade@wcc.govt.nz or post this form to us (no stamp needed).

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Section 1 - Submitter details (fields marked * are mandatory)

First Name

Organisation

Residential

Phone

Southgate

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Large empty rectangular box for providing feedback or comments.

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Wellington City Council**

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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

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Organisation	<i>Southgate</i>
Residential /	_____
Phone	_____
Preferred method of contact* <input type="checkbox"/> Email <input checked="" type="checkbox"/> Post	
Age <input type="checkbox"/> Under 18 <input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older	
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Continued over page

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OPTION E ISLAND BAY RESIDENTS ASSOCIATION PLAN

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

WHY DON'T YOU PUT THE CYCLE WAY BACK TO HOW IT WAS.

WHEN ARE YOU GOING TO LISTEN TO THE PEOPLE WHO LIVE IN ISLAND BAY. AND PAY RATES STOP BEING DOGMATIC AND GET REAL SAFETY FIRST WHAT A JOKE!!

I HAVE NEARLY BEEN RUN OVER BY MAD CYCLISTS WHILST ALIGHTING AT THE DEEpest BUSSTOP TWICE

IF THE NEW CYCLE^{WAY} IS SO SAFE WHY ARE SO MANY CYCLISTS STILL USING THE ROAD ?

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Residentia
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Option D - one-way separated kerbside cycleway - above road level, with angle parking

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OPTION E. *Island Bay Residents Association Plan.*

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

I would prefer the cycleway to be removed because (a) It is hardly ever used. My partner & I are out on the parade almost every day & we very rarely see anyone using the cycleway.
(b) We have been almost knocked over a couple of times by cyclists as we having been alighting from the bus.
(c) Cars parked in the middle of the road is not on and are very confusing to pedestrians as they look as though they are moving.
(d) Two shops ^{near us} have gone because of the cycleway.
(e) Some people have gone to great expense to put driveways up to their homes because of their cars being damaged on the road.
(f) Please put our lovely wide road back to how it was before the abominable cycle way!!!

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First Name

Organisati

Residentia

Phone

Island Bay

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

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No

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Yes Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Just a protected cycleway - important as a cyclist.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

[Empty response box]

J004025

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Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

Island Bay

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Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

- a) I submit that the cycleway and roadway be returned to its original layout. ie: "option E"
- b) A painted cycleway can be restored to the outside of parked cars, as previously parked on the southern end of the Parade. Faint paint marks were visible until it got ruined by the present mess.
- c) all car parking is to be restored/reinstated, and the humps in the business area are to be removed, along with the raised pedestrian crossings

The old layout was NEVER dangerous to pedestrians or cyclists. I was a cyclist. The present slalom course is not possible for me to cycle as I am classed as disabled - so please restore what we had. Cars can then avail themselves of the extra space, when needed, if a cyclist is not using the proposed painted cycle area as described above.

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First Name: _____

Organis: *Kingston*

Residen: _____

Phone: _____

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

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E - Paint it Back

Continued over page

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Large empty rectangular box for providing detailed feedback or comments.

J00/1025

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OPTION ~~A.E~~ ~~B~~ I.B.R.A./Business
People

I want a sensible return to Island Bay's
pre Bicycle trauma

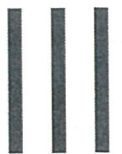
Bus stops to return to original place.

No loss of car parks.

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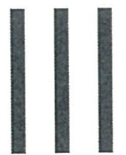
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option E as per residents ass o
business ass as per their recommendation

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Organisation	Island Bay
Residential A	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input checked="" type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

REMOVED (DUPLICATE)

Section 2

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 Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

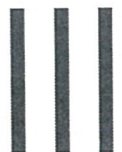
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E = Island Bay Residents Association/
Business Association.

Free Post WCC

**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name		
Organisat	Island Bay	REMOVED
Resident		(DUPLICATE)
Phone		
Preferred method of contact*	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18-29
	<input checked="" type="checkbox"/> 30-39	<input type="checkbox"/> 40-49
	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay		
	<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Regular visitor
	<input type="checkbox"/> Occasional visitor	<input type="checkbox"/> Local business owner
	<input type="checkbox"/> Other	_____

Section 2

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Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

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Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

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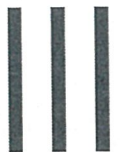
~~Selected Option~~

Option E - Island Bay Residents Association /
Business Association.

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Wellington City Council**

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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

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First Name*	
Organisator	Island Bay
Residential /	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input checked="" type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

REMOVED
(DUPLICATE)

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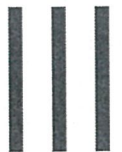
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

OPTION E * ISLAND BAY RESIDENTS
ASSOCIATION / BUSINESS ASSOCIATION.

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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

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First Name	
Organisation	Island Bay
Resident	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

REMOVED
(DUPLICATE)

Section 2

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E : Island Bay Residents Association
Business Association

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First Name*	
Organisation	Island Bay
Residential Address	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

**REMOVED
(DUPLICATE)**

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Continued over page

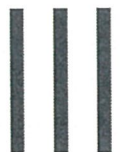
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Option E - Island Bay Residents/
Business Association

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Wellington City Council

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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

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Section 1 - Submitter details (fields marked * are mandatory)

First Name*

Organisation

Residential Address

Phone

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Island Bay

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

MY OPTIONS IS TO RETURN THE PARADE
BACK TO ITS ORIGINAL STATE - I.E.
SHARE THE ENTIRE ROAD WITH
BIKES & CARS LIKE MOST OTHER
ROADS

REMOVE ALL THE PARKING LINES
ETC . NOT NEEDED .

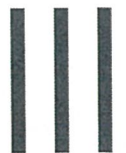
~~THANK YOU~~

THANK YOU

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Wellington City Council**

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FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

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First Name	
Organisation	Island Bay
Residential	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

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Option A - roadside cycle lane - original layout with enhancements

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Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

→ I want Option E

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E

- because it puts it back
to the way it was
(+ possibly at a less
expense)

Definitely I want to see
the cars closest to the
footpaths.

N.B. "option A" would be my
second choice.

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Free 



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Island Bay Cycleway (114)
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Organisation	Island Bay
Resident	
Phone	
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Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	
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<p>1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).</p> <p>Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.</p>	
Option A - roadside cycle lane - original layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
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Option D - one-way separated kerbside cycleway - above road level, with angle parking	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

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OPTION E ✓

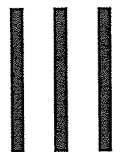
As per IBRA and Island Bay
Businesses

Paint it back the way it was

Free Post WCC

Absolutely Positively
Wellington City Council

Me Heke Kī Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
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First Name	
Organisation	Island Bay Lyall Bay
Resident	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

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Continued over page

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AS PER ~~132A~~ and Island Bay Business

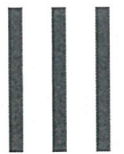
OPTION E

Put it Back the way it was!

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Wellington City Council**

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Love the Bay - Delivering on the Cycleway

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name	
Organisation	Island Bay
Resident	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option e.

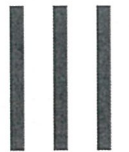
as per IBRA

But it Back the way it was Thanks

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**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

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Section 1 - Submitter details (fields marked * are mandatory)

First Name _____

Organisatic _____

Residential _____

Phone _____

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Section 2

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

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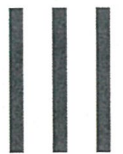
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

As per IBRA + Island Bay Survey
Please put it back the way it was !!

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First Name* _____

Organisation _____

Residential / _____

Phone _____

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

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Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E ✓

As per IBRA and Island Bay

Businesses

Paint it back the way it
was

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Option C - one-way separated kerbside cycleway - above road level

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

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2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

I SUPPORT

OPTION E

ISLAND BAY RESIDENTS ASSOCIATION
RECOMMENDATION

J004025

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Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

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Option C - one-way separated kerbside cycleway - above road level

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

- ③ Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

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2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Blank response area for providing information about choice.

02/00/00

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Continued over page

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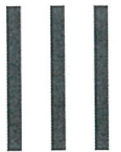
Option E (IBRA Recommendation)

J004025

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Please tick your connection(s) to Island Bay	
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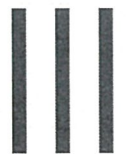
Leave Me Same

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