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# Island Bay cycleway submissions

Paper Based Submissions

Volume 4

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# 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](http://wellington.govt.nz/theparade), email your thoughts to [theparade@wcc.govt.nz](mailto: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	_____
Organis:	Island Bay
Residen:	_____
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 _____	

### Section 2

- 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](http://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.

option E  
I.B. R.A.

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.

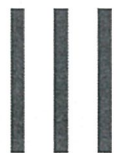
option E.

Please put it back how it was.

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**Absolutely Positively**  
**Wellington City Council**

Me Heke Ki Pōneke



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

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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 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 _____

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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

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.

P.T.O.

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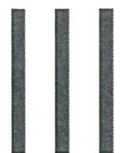
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E as per the  
IBRA - the Residents Assn  
and Business Reps proposal.

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**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

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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 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 _____	

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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.

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.

Wellington's terrain does not encourage a large proportion of the population to cycle. Cities such as Amsterdam and Copenhagen are flat. Bikes exceed the number of cars in Copenhagen. Spending \$1.7 million on a cycleway used by ~~some~~ few cyclists was a misuse of ratepayers money. To consider spending between \$4 and \$7 million on amendments is outrageous.

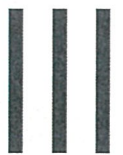
Council has ignored the outcome from the workshops by presenting a version of a preferred ~~option~~ choice which involves removing more carparks and spending \$4 million. Many of the few cyclists in Island continue to use Dehuwent St. as it is safer and to cycle to town via Happy Valley.

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

First Name*	
Organisation	Karori
Residential Ad	
Phone	
Preferred method of contact* <input type="checkbox"/> Email <input checked="" 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 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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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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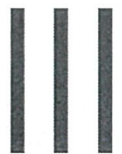
OPTION E. as recommended by  
IBRA.

I live in Karori, but I'm a regular customer. I need to park outside the main shops in the angled parking.

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Wellington City Council**

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PO Box 2199  
Wellington 6140



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

First Name

Organisation

Newtown

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 KIOS AT ISLAND BY

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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



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 E



Value for money + no impact to our community retail/service areas. Safer for getting...

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.

Large empty rectangular box for providing detailed feedback or comments.

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First Name*	
Organisation	Island bay
Residential Addr	
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 checked="" type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
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P71

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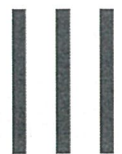
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OPTION E

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First Name	
Organisation	Berhampore
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 checked="" type="checkbox"/> 60 years or older
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Continued over page



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WE CAN'T AFFORD TO LOSE  
ANY MORE CAR PARKING.

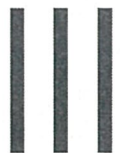
BUSINESS NEED CUSTOMERS,  
CUSTOMERS NEED PARKING.

SAVE OUR PARKING!

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PTO

Continued over page



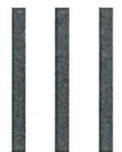
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### Section 1 - Submitter details (fields marked \* are mandatory)

First Name	
Organisation	Island Bay
Residential	
Phone	
Preferred method of contact* <input type="checkbox"/> Email <input checked="" 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 _____	

### 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](http://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.

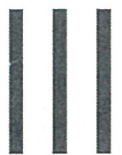
OPTION E. recommended by IBRA.

Ridiculous to remove more parking from Island Bay Parade and Shopping centre. Bad enough the damage you have already done to the Parade and I would like it put back the way it was. not more mess and a huge waste of money better spent elsewhere.

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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First Name	_____
Organisational	_____
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 checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

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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

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.

We need to be able to park to shop.  
Shops are important in Island Bay.  
This is also safest option.

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**Absolutely Positively  
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	
Organis:	Island Bay
Residen:	
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 _____	

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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 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.

option E

I.B.R.A.

Continued over page



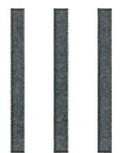
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

option E.

Please put it back how it was.

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**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*	
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 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 _____

### 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.

P.T.O.

Continued over page



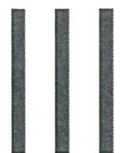
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E as per the  
IBRA - the Residents Assn  
and Business Reps proposal.

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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

## Submission Form

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

First Name*	_____
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 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 _____	

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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 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.

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.

Wellington's terrain does not encourage a large proportion of the population to cycle. Cities such as Amsterdam and Copenhagen are flat. Bikes exceed the number of cars in Copenhagen. Spending \$1.7 million on a cycleway used by ~~some~~ few cyclists was a misuse of ratepayers money. To consider spending between \$4 and \$7 million on amendments is outrageous.

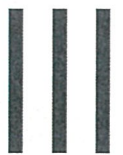
Council has ignored the outcome from the workshops by presenting a version of a preferred ~~option~~ choice which involves removing more carparks and spending \$4 million. Many of the few cyclists in Island continue to use Dehuwent St. as it is safer and to cycle to town via Happy Valley.

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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	Karori
Residential Ad	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" 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 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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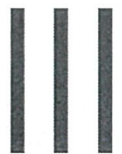
OPTION E. as recommended by  
IBRA.

I live in Karori, but I'm a regular customer. I need to park outside the main shops in the angled parking.

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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



Absolutely Positively Wellington City Council  
Me Heke Ki Pōneke

# Love the Bay - Delivering on the Cycleway

## Submission Form

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First Name

Organisation

Newtown

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 KIOS AT ISLAND BAY

### Section 2

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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



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 E



Value for money + no impact to our community retail/service areas. Safer for getting...

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.

Large empty rectangular box for providing detailed feedback or comments.

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**Wellington City Council**  
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FREEPOST WCC  
Island Bay Cycleway (114)  
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First Name*	
Organisatio	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 checked="" type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input checked="" type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

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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.

Option E - Residents + Business Associations 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.

Important & vital for our gallery  
if the car parks are taken away,  
we may be forced to close our  
business if customers cannot park  
to buy items.

Cannot emphasise how important  
it is. All local artists  
we have been told the  
art gallery has picked  
up the arty vibe & cultural  
area would be a shame  
to lose us as a community gallery

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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	Island Bay
Residence	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" 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 checked="" 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

- 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](http://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.

Option E - Residents - Business Associations 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.

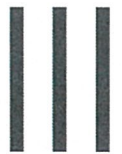
losing 17 more carparks will harm the  
Sml businesses in the village.



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PO Box 2199  
Wellington 6140



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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 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 checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other <u>Island Bay Day Care</u>

### 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 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.

Option E please  
vote For option e

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Wellington 6140

# Love the Bay - Delivering on the Cycleway

## Submission Form

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First Name\*

Organisation

Residential Address

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 \_\_\_\_\_

### Section 2

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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

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.

WOULD PREFER OPTION E

AS THIS TO ME SEEMS THE MOST  
SAFEST OPTION & AT THE LOWEST COST

THIS OPTION IS IDEAL FOR ME  
AS IT IS THE CLOSEST TO THE ORIGINAL  
LAYOUT BEFORE THE CYCLEWAY.

IF OPTION E IS NOT PROCEEDED  
WITH F WOULD PREFER OPTION A.

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# Love the Bay - Delivering on the Cycleway

## Submission Form

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First Name

Organisation

Residential

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 \_\_\_\_\_

### Section 2

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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 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.

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.

I vote for Option E.

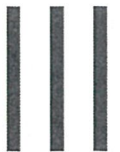
I would expect that all options are communicated to residence & the public, even if it has not been officially recommended.

In my opinion, ~~Option~~ options A-D have also not been officially recommended as they do not have council approval (or didn't at the ~~the~~ time of public notification).

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

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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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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.

Option E - Residents & Business Associations 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.

We as the 1st gallery of Art on the Parade, will close down if we lose our car parks that are so precious to our Art Gallery - we were hoping to secure gallery No 2 as well, along the parade this too will be stopped & Island Bay Residents will lose our local Art gallery which was picking

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up the Arty  
cultural  
vibe



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Wellington 6140

J004025

# Love the Bay - Delivering on the Cycleway

## Submission Form

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

First Name	
Organisation	Southgate
Residential	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input checked="" 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 _____

### Section 2

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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 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.

Putting the parking back to the kerbside with cycle way on right side is the original plan. Safer for people getting out of cars and locking the car door.

Current layout is an accident waiting to happen. A person could get run over getting out of their car and locking the door.

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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	
Organisation	Island Bay
Residential	
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 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 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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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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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.

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PO Box 2199  
Wellington 6140

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## Submission Form

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

First Name \_\_\_\_\_

Organis Bus Resident *Island Bay*

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**

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 A - roadside cycle lane - original layout with enhancements**

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**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.

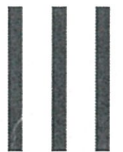
ALL <sup>other</sup> the options remove parking areas in Island Bay.

My customers rely on being able to park close to my business. and taking away car parks will have a huge financial impact. customers struggle to find parking as it is, not just for my business, but the butcher, childcare centre, cafes, pharmacy, library, medical centre, gift shops etc. The other options offered will only destroy the community.

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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	
Organisati	Brooklyn
Residentia	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" 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 type="checkbox"/> Resident <input checked="" 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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 Refer to the accompanying document or [wcc.govt.nz/theparade](http://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.

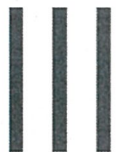
Option E

As a senior citizen who has used the retail shops at Island Bay for decades. (chemist, New World, Hairdresser) I need to be able to park near the township. I do not ride a bike

Free Post WCC

**Absolutely Positively  
Wellington City Council**

Me Heke Ki Pōneke



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