



Island Bay cycleway submissions

Paper Based Submissions

Volume 6

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*	
Organisatic	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 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	
<input checked="" 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.
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	
<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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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 A keeps cyclists away from pedestrians. It is very unsafe currently for pedestrians as cyclists come up behind you very quietly and very fast. Also dangerous for pedestrians getting off the bus.

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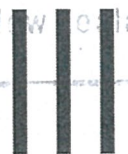
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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

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

 2

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

 1

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.

The active promotion of cycling is a hallmark of a progressive, future-focussed, people-oriented city. Wellington aspires to all those qualities. Let's get it done!

Options B + c (even D) will encourage cycle commuting, safe family cycling, traffic-calming, fossil-free transport alternatives and generally ~~the~~ enhance Island Bay's laid-back, people-oriented character.

Please get on with advancing the cycleway into the inner city!

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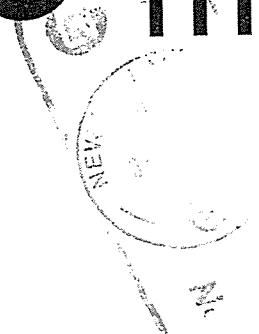
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Wellington City Council**

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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 checked="" type="checkbox"/> Other <i>Family live here</i>

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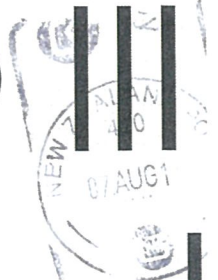
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Option "E" - Island Bay Residents Association/
Business Association.

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Option E - overbaf

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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.

My preferred option is
Option E as submitted
by the Island Bay
Residents' Association

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Residential Address	
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 type="checkbox"/> 60 years or older
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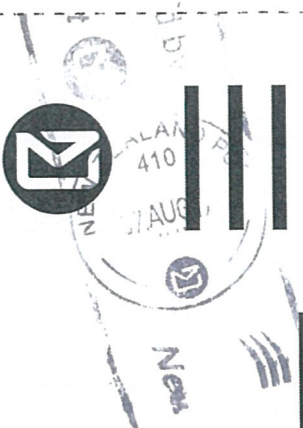
OPTION E -
ISLAND BAY RESIDENTS ASSOCIATION / BUSINESS
ASSOCIATION.

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First Name _____

Organisation _____

Resident _____

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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only option which.
Option B does not require removal of angle parking which would annoy many residents as well as Te Bay visitors. The entry would be cobble!

Many car parks in the streets are utilised all day by commuters picking up buses. Berwick St, Humber, Hersey and Aron are likewise used for free all day parking.

If we had a free park & ride site for the Bay, the Parade would be less clogged up. On Sundays, family groups are out enjoying the cycleway and there are a large number of empty car parks

I am pleased with the many safety & traffic slowing improvements.

I have been concerned with current layout that passengers (& children particularly) have to navigate cycleway, or traffic lane, before reaching pavement safety. Option A addresses this safety concern also.

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Option E; As per IBRA

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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.

1. Option E + IBRA + Business recommendations

Angle parking

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Wellington City Council**

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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

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.

Please return to original lay out.
Leave the business sector alone.

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**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke

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PO Box 2199
Wellington 6140

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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 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

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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.

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

Return to the ordinal layout
of the Parade



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Wellington City Council**

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Love the Bay - Delivering on the Cycleway

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

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 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

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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)

Return the parade to ~~the~~ the way it was
Island Bay Residence Association
" " Business "

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**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke

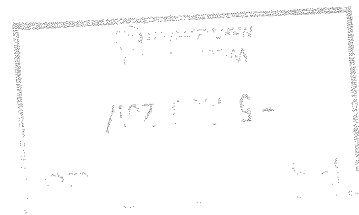
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PO Box 2199
Wellington 6140



Love the Bay - Delivering on the Cycleway

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

First Name

Organisation

Island Bay

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

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.

OPTION E

RETURN TO ORIGINAL

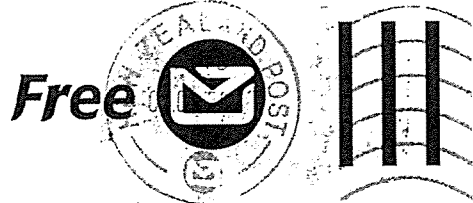
Continued over page

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]

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Me Heke Ki Pōneke



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PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

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

First Name	
Organis	Island Bay
Resider	
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

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.

~~OPTION E~~
RETURN TO ORIGINAL

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 RETURNS TO WHAT IT WAS BEFORE CYCLEWAY INTRODUCED.

J004025

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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	
Organ	
Reside	Island Bay
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 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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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.

Option E. Return to original design as per Island Bay Residents Assoc 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. Return to original design ^{reclaims and community}
safer, aesthetically superior, retains a cultural ^{value}
of Island Bay, more carparks, CHEAPER!
Faster!

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Love the Bay - Delivering on the Cycleway

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

First Name	
Organisation	
Residential Address	Strathmore
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 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

- 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.

OPTION E - IBRA and Business Reps

J004025

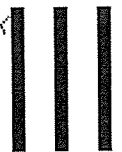
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Section 1 - Submitter details (fields marked * are mandatory)

First Name	_____
Organisation	_____
Residential Address	Island Bay _____
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 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 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

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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

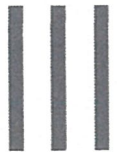
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

OPTION E - RETURN PARADISE TO
ORIGINAL STATE

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Wellington City Council**

Me Heke Ki Pōneke



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PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

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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 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 _____	

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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

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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



Continued over page

788

- 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]

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

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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 prefer Option E as proposed
by the Island Bay Residents Association.

I think this is safer for all
road users which is important to me
as I have two young children.

I hope you will take the preference
of the Island Bay residents with
higher priorities than outside
lobby groups.

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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 _____	

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Continued over page

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OPTION E IBRA

Return to original lay-out with the retention of the two extra zebra crossings. Do not feel as safe driving on the new layout especially at night when it is raining.

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Love the Bay - Delivering on the Cycleway

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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 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
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Option

E - I.B.R.A / B. Association

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First Name*	
Organisation	Island Bay
Residential A	
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	
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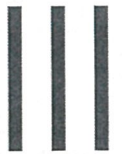
Continued over page

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Option E-I.B-R.A

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First N	
Organi	N/A
Reside	
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
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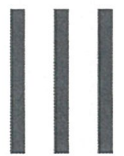
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Options = E - I.B.R.A -

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

First Name	
Organisation	Southgate
Residence	
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 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.

Option E - Island Bay Residents
Association plan

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

First Name _____

Organisatic _____

Southgate

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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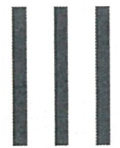
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