



Island Bay cycleway submissions

Paper Based Submissions

Volume 14

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: Island Bay

Residence: _____

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.

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

Free Post WCC

**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



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

9.8.17

P319

Love the Bay - Delivering on the Cycleway

Absolutely Positively
Wellington City Council
Me Heke Ki Ponoke

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Continued over page

9. 8.17

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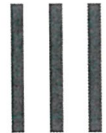
I love the cycleway.
because if some one could
not see some one bikeing
they could get hurt.

I am not confident
to bike near car's.



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|--|
| First Name* |
| Organisation |
| Residential A |
| 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 checked="" type="checkbox"/> Local business owner <input type="checkbox"/> Other _____ |

Island Bay

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

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Continued over page

See attached letter

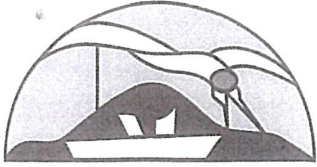
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See attached submission

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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



P320

Island Bay Medical Centre

159 The Parade, Island Bay, Wellington 6023
P 04 383 7647 | F 04 383 6071

9 August 2017

Love the Bay

Wellington city Council

Dear Madam / Sir

In respect of the Island Bay cycleway consultations we wish the Wellington City Council to be aware of our desire that no further car parking is lost within the Island Bay shops, or within 1 block in all directions of the village.

We have between 300-400 patients attending the practice on any given day of the working week & a common theme from our patients is the lack of car parking since the cycleway was introduced.

We support physical activity as being good for our patients, but at the same time we have many elderly patients who are unable to walk more than a 100 metres, so further loss of car parking would be problematic.

Can this desire for no further loss of parking please be taken into account when deciding on any changes to the cycleway.

Yours sincerely

0137

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| Organis | Island Bay |
| Resider | |
| Phone | |
| Preferred method of contact* | <input type="checkbox"/> Email <input checked="" type="checkbox"/> Post |
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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.

I am choosing to go with Option
Recommend by
IBRA &
business group E

This have been my option in the last
four years we have never been given
the options of DO YOU WANT KERB
SIDE cycleway instead we got
DO YOU WANT safe cycleway two
different things we the majority want
safe cycleways but not KERB side
cycleway this has been our
argument although this W.C.C
has not been honest and have
not ~~been~~ ^{given} us a fair hearing if
they had you wouldn't been in this
mess. cheers.

Free Post WCC

**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



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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 | |
| Organis. | REMOVED (DUPLICATE) Island Bay |
| Residen | |
| 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 | |
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Option A - roadside cycle lane - original layout with enhancements

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

Recommend by Island Bay Resident
ass and the Island Bay business ass

I don't think Kerbside Cycleway is
Working or best Practice for Island Bay
The Majority of Island Bay have Voiced
in the last four years this, but the W.C.C
have not listened. at the End of the day
We have to Live with this nobody
Else in the World have to. So a
Little Common Sense well go alone
Way.

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Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke



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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

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Resident Regular visitor Occasional visitor Local business owner Other _____

Hastings

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Option ~~2E~~ as recommended by
Island Bay Ass. + BUSINESS group.

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Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke



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Mornington

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➔ Continued over page

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Option E

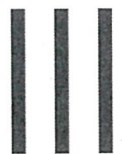
as Recommended by The Island Bay Resident ASS & business group ASS

This Cycleway is not being ^{use} I go to my family twice a day Morning and evening Never seen kids or adults on bikes using the cycleway but have seen a few on foot path and ~~it not because~~

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Me Heke Ki Pōneke



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| Phone | |
| Preferred method of contact* <input type="checkbox"/> Email <input type="checkbox"/> Post | |
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OPTION
E

as Recommended by Island BAY
Residents Ass. & Business group

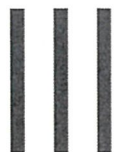
Kerbside cycleway

NOT For Island BAY

Free Post WCC

Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke



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Love the Bay - Delivering on the Cycleway

P326

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① OPTION E

Continued over page

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IBRA AND BUSINESS REPS RECOMMENDATIONS

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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 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.

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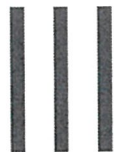
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option E IBRA

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Wellington City Council

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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 type="checkbox"/> 60 years or older | |
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Continued over page



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Option E

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PO Box 2199
Wellington 6140

P329

Love the Bay - Delivering on the Cycleway

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Wellington City Council
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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 _____

Island Bay

Section 2

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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.

E ISLAND BAY RESIDENTS
ASSOCIATION PROPOSAL

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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Wellington 6140

Love the Bay - Delivering on the Cycleway



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

First Name _____
Organisati _____ *Vogeltown*
Residentia _____
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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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. Island Bay Residents Association Proposal. 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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Wellington 6140

Love the Bay - Delivering on the Cycleway

P331

Submission Form

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

| | |
|---|---------|
| First Name: | |
| Organisation: | Melrose |
| 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 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 _____ | |

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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

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PTO →

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 Assoc
- Back to what it was
originally!

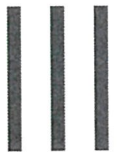


Restore
Island bay
to what it was!

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Wellington City Council**

Me Heke Ki Pōneke



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Wellington 6140

P 332

Love the Bay - Delivering on the Cycleway

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

First Name

Organis

Resider

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 E. Island Bay Residents Association Proposal. 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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Wellington 6140

P 333

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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 _____

Island Bay

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Option A - roadside cycle lane - original layout with enhancements

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Ⓔ Island Bay Residents'
Assn Proposal.

Continued over page

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Empty response box for providing information about the choice.

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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

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OPTION E. Island Bay

Residents Association Proposal.

Continued over page

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| | |
|--|---|
| 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 type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older |
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OPTION E. Island Bay Residents Association Proposal.

Continued over page

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[Empty response box]

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Wellington City Council**

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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 checked="" type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older |
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| Section 2 |
|---|
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| 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. |

| Option B - one-way separated kerbside cycleway - road level - current 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. |

| 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. |

| 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. |

OPTION E. Island Bay Residents Association Proposal.

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 The loss of carparks will damage local businesses - I used to run the Island Taputeranga Gallery so am fully aware of the issues in Island Bay
- ② This severely impacts older people who need vehicle access to local amenities. For example - my mother toward near the end of her life the cycleway had affected carparking so I found it very difficult to find a park outside the library. Next thing, library services will be cut due to lack of patronage.
- ③ Better environmental outcomes can be achieved by putting cycleway money into reducing the cost of public transport and making it more widely available
- ④ This is clearly discriminatory against the aged and disabled.
- ⑤ The consultation process has been a sham from day 1. Give more weight to those who work and live ~~the~~ here!

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Submission Form

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| | |
|---|---|
| Section 1 - Submitter details (name, contact details, etc.) | |
| First Name | |
| Organis | Featherston |
| Residen | |
| 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 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 | |
| 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 | |
| <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. |
| Option B - one-way separated kerbside cycleway - road level - current 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. |
| 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. |
| 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. |

OPTION E. Island Bay Residents Association Proposal.

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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| 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 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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| 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. |
| Option B - one-way separated kerbside cycleway - road level - current 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. |
| 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. |
| 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

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.

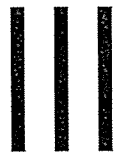
Option E.

J004025

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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 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

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

④

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

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

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.

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

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.

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 separated cycleway is essential for safety + to encourage more people to cycle. Parents need to be sure their children are separated from cars/trucks/buses while cycling.

Angle parking is acceptable only if cyclists have a protected passage.

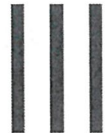
A kerb white add to cyclist protection + prevent cars from parking on the cycleway.

My first priority is to ensure cyclists are separated from other traffic.

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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 _____

Vogeltown

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.

OPTION E. &

Island Bay Residents Association
Proposal.

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 for providing information about the choice.

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

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 _____

Island Bay

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.

YES I ride a bike and live in
Island Bay!!
This whole issue has been divisive
for the community and has been hijacked
by the local few I think.
Just put it back as it was. ~~and~~
but allow kids to ride on the
pavement. Spend the extra money on
bike skills lessons for the local
schools.

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