



Objection Form

Sale and Supply of Alcohol Act 2012

To: Ashburton District Licensing Committee,
PO Box 94,
Ashburton 7740

Details of Objection

Full name:

Residential Address:

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Contact Number:

Application to which the objection refers:

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I wish to object to this application on the following grounds : (use a separate page if you wish)

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Name:

Signature:

Date:.....