HAVE YOUR SAY ON THE DEVILBEND NATURAL FEATURES RESERVE DRAFT MANAGEMENT PLAN

Submission Form

Your name & email address:

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Organisation (if relevant): _____

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Do you want your submission to be treated as confidential? □ Yes □ No

_____

General comments: (eg. regarding aims, basis, formatting, readability, language, process).

Chapter No._____ Section No. _____ Page No. _____ Paragraph No. _____

Theme: _____

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Specific comments or suggestions regarding any proposals.
(Please note: the word proposal refers to proposed strategies, proposed actions, proposed access provisions and concepts for further development that are suggested in the draft plan).

Chapter No._____ Section No. _____ Page No. _____ Paragraph No. _____

Theme: _____

Submitters Signature_____ Date _____

Contact Phone Number:_____(Optional)

*** Add additional numbered pages as required ***