



AUCKLAND COUNCIL
10 JUL 2015
CBD - CIVIC

For office use only
Submission No:
Receipt Date:

A24

Tell us about any concerns in your alcohol ban area

Auckland Council is required to review all existing alcohol bans. New national criteria means only those alcohol bans that have past or present documented evidence of high levels of alcohol-related crime or disorder can be retained after 31 October 2015.

Use this form to tell us about alcohol-related crime or disorder that you have seen in the past or more recently in an existing alcohol ban area.

Go to www.shapeauckland.co.nz for more information (including a list of alcohol ban areas that may lapse), and to make an online submission.

All submissions will be considered by the council before decisions are made.

If you want to tell us about alcohol-related problems in more than one alcohol ban area, please use separate forms for each alcohol ban you want to tell us about.

Submissions can be:

- made online at www.shapeauckland.co.nz
- mailed to:

Attn: Planning Technician
Auckland Council, Private Bag 92300
Auckland 1142

Submissions open 19 June 2015.

Submissions close 17 July 2015.

Section 1: Your contact details

For your submission to be valid, it must be signed (unless completed online) and include your name and a postal and/or email address. If you wish to speak at a hearing, please provide a phone number or email address so we can contact you. Please note submissions (including your contact details) may be made public.

Title: Mr [] Mrs [] Ms [] Miss []

First name: _____ Surname: _____

Organisation: _____

Email address: _____

Postal address: _____ Onehunga, Auckland.

Post code: 1061

Phone: _____ Mobile: _____

Do you want to speak in person on your submission? Yes No

Have you attached any additional pages to your submission? Yes No

Declaration

You must complete this declaration for your submission to be admissible as evidence.

I declare that the information provided in this form is a true and accurate reflection of the alcohol-related crime or disorder experienced by myself.

Signature: _____ Date: 7/7/15

Section 2: Your Evidence

A) Name of alcohol ban area

Go to www.shapeauckland.co.nz for a list of alcohol ban areas, maps and local board areas.

Buchanan park, Church St Reserve, Captain Springs reserve, Church St corner reserve

B) Name of local board area where the alcohol ban is located

Maungakiekie-Tāmaki

<p>C) Describe the crime or disorder you have experienced or witnessed in this public place. Examples of <u>alcohol-related crime or disorder</u> may include property damage, fighting, broken glass, or aggressive, intimidating or offensive behaviour towards others as a result of drinking alcohol. If you need more space, please feel free to write on extra pages. If you have extra information, please attach it to your submission.</p>	<p>People travelling from Onehunga Trainstation to mount smart stadium consistently move up church st intoxicated. Bottles are smashed on the pavement & 3 or 4 bottles are found in my front garden following each event, particularly sports events or concerts. Neighbourhood visitors also have a tendency to hazzard & drink on the street leaving glass debris.</p>	
<p>D) Why do you think the crime or disorder you have experienced or witnessed was (or is) related to alcohol? For evidence to be considered under the new national criteria, the crime or disorder described above must be caused or made worse by alcohol consumption in this alcohol ban area.</p>	<p>Bottles are evidence. Church St & Mt Joy place are littered with broken glass. Buchanan park is consistently filled with broken glass and park equipment is often damaged, it's out of the way and not easily policed.</p>	
<p>E) When was (or is) the crime or disorder you have experienced or witnessed most likely to happen? Please select all that apply.</p>	<p><input checked="" type="checkbox"/> Weekend <input type="checkbox"/> Weekdays <input type="checkbox"/> Summer time <input type="checkbox"/> Winter time</p>	<p><input type="checkbox"/> A particular holiday (please specify): _____ <input checked="" type="checkbox"/> Other (please specify): concert or sports event.</p>
<p>F) What time of the day was (or is) the crime or disorder you have experienced or witnessed most likely to happen? Please select one.</p>	<p><input type="checkbox"/> Daytime (between 7am and 7pm) <input checked="" type="checkbox"/> Evening time (between 7pm and 10pm) <input type="checkbox"/> Night-time (between 10pm and 7am) <input type="checkbox"/> Other (please specify): _____</p>	
<p>G) How often was (or is) the crime or disorder you have experienced or witnessed happening? Please select one.</p>	<p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Holidays <input type="checkbox"/> Weekends</p>	<p><input type="checkbox"/> One off (please specify): _____ <input checked="" type="checkbox"/> Other (please specify): when events are on.</p>
<p>H) What else do you think could be done to prevent the crime or disorder you have experienced or witnessed from happening? Examples may include better lighting or locked gates.</p>	<p>Alcohol ban area extended & policed. Buchanan park gated at night.</p>	
<p>I) Are you aware of any community activities in this area that are managing harm from alcohol? Examples may include Māori and Pacific wardens.</p>	<p>no.</p>	
<p>Section 3: General comments</p>		
<p>J) Do you have any further comments on the proposal? If you need more space, please feel free to write on extra pages and attach it your submission.</p>		