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AS A **RESIDENT** OF AIRLIE BEACH, DO YOU SUPPORT:

Please Circle

- A. 4 STOREYS (SHADED GREY AREA) YES / NO
- B. 8 STOREYS (SHADED LIGHT BLUE AREA) YES / NO
- C. 12 STOREYS (SHADED BLACK AREA) YES / NO

IF COUNCIL APPROVES THIS NEW TOWN PLANNING SCHEME, HOW WILL IT AFFECT YOU?

NAME

ADDRESS

SIGNATURE



AS A **VISITOR** TO AIRLIE BEACH, DO YOU SUPPORT:

Please Circle

- A. 4 STOREYS (SHADED GREY AREA) YES/NO
- B. 8 STOREYS (SHADED LIGHT BLUE AREA) YES/NO
- C. 12 STOREYS (SHADED BLACK AREA) YES/NO

IF COUNCIL APPROVES THIS NEW TOWN PLANNING SCHEME, WOULD THIS AFFECT YOUR FUTURE PLANS TO RETURN?

YES / NO / MAYBE

WHY DID YOU CHOOSE TO HOLIDAY IN AIRLIE BEACH?

NAME

ADDRESS

SIGNATURE