

# IDP Feedback October/November 2017

## COMMUNITY SUBMISSION

Venue: .....Date.....

Name & Surname .....

Address: .....

Ward No.....Contact No:.....

## COMMUNITY INPUT / SUGGESTION/QUESTION..

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**THANK YOU FOR YOUR PARTICIPATION !!!!!!!!!!!!!!!**