PROPOSED OPEN CYCLE GAS TURBINE (OCGT) PLANT AND ASSOCIATED TRANSMISSION LINES AND SUBSTATION AT ATLANTIS, WESTERN CAPE PROVINCE

REGISTRATION AND COMMENT FORM FOR THE PUBLIC PARTICIPATION PROCESS

May 2005

KINDLY COMPLETE THIS FORM IN DETAIL AND RETURN IT TO:

Ingrid Snyman or Mvuselelo Mathebula

Bohlweki Environmental PO Box 11784, Vorna Valley, MIDRAND

1686 **Telephone:** (011)-466-3841 **E-mail:** atlantis@bohlweki.co.za **Facsimile:** (011) 466-3849



PERSONAL DETAILS:

<u>r L</u>	ERSONAL DETAILS.			
Tit	tle: Initials:	First Name:		
Su	urname:			
E-i	-mail:			
Te	Fax:			
Or	Organisation (if applicable):			
Ca				
Ph	hysical Address:			
Town:		Code:		
Ро	ostal Address:			
To	own:	Code:		
1.	What is your main area of interest with regards	s to the proposed project?		
2.	Do you have any concerns regarding the prop	osed project?	YES/NO	
	If "yes", please list your main areas of concern in point form:			
3.	Are there any additional role-players whom we	e should involve in the process?	YES/NO	
	If "yes", please state their contact details:			
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