Submission form



Notice of submission under the Resource Management Act 1991 (pursuant to section 96) form 13

Notes

- A signature is not required if you are lodging your submission by electronic means.
- If you are making a submission to the Environmental Protection Agency (EPA) please use form 16B. Refer to the EPA website www.epa.govt.nz or call 0800 CALL EPA (22 55 372).

Office use only

File no:

Consent no:

- The closing date for providing your submission to Waikato Regional Council is 20 working days after public notification or notice is served. You must also provide a copy of your submission to the applicant. This should be done as soon as possible.
- If you need any further help, please phone our Resource Use staff on **0800 800 402.**
- · You can send your submission by:
 - Post: Waikato Regional Council, Private Bag 3038, Waikato Mail Centre, Hamilton 3240
 - Fax: 07 859 0998
 - Email: RCsubmissions@waikatoregion.govt.nz

| Section 1: Application d | etails |
|--------------------------|--------|
|--------------------------|--------|

| Applicant name: | |
|------------------------|--|

Description of proposal:

(Briefly describe the type of consent, and the nature and location of the activity. If the proposal is for a change or cancellation of an existing consent condition, please detail the type and location of consent, the relevant condition and the proposed change. If the application is for a transfer of a water or discharge permit, provide details of the existing activity site and, if relevant, the part of the permit proposed to be transferred.)

| The specific parts of the application that this submission relates to are: | |
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Section 2: Submitter details

We will use your email address as preferred address for service, unless you advise otherwise.

| Name | Full name of submitter: | | |
|----------------------------------|---|-----------|--|
| | | | |
| | Contact person (include designation if applicable): | | |
| | | | |
| Postal address | Street/RD/PO Box/Private Bag: | | |
| | | | |
| | Suburb: | | |
| | Town/city: | | |
| | Postcode: | | |
| Residential address | Street: | | |
| If different from postal address | | | |
| | Suburb: | | |
| | Town/city: | | |
| | Postcode: | | |
| Email address | | | |
| Phone number/s | Home: | Business: | |
| | Mobile: | Fax: | |

Submission form

| | ubmission on proposal | |
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| | your submission below. Attach additional pages if necessary. e option only): | |
| Suppo | the application/s | |
| Oppos | he application/s | |
| Neithe | upport nor oppose the application/s (neutral submission) | |
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| I seek the following decision from the consent authority: (Give precise details, including the parts of the application you wish to have amended and the general n | ature of any cond | litions sought) |
|---|--------------------|------------------|
| Give precise details, including the parts of the application you wish to have amended and the general h | lature of any cond | ittions sought.) |
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| Diagon tick either was ar no to the following entions: | | |
| Please tick either yes or no to the following options: I/we wish to be heard in support of this submission | () Yes | No |
| y we wish to be near a in support of this submission |) ies |) No |
| I/we will consider presenting a joint case at a hearing if others make a similar submission | Yes | No |
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| ignature of submitter: Date: (or person authorised to sign on behalf of submitter) | | |

The information you have provided on this form will be stored on a public register and held by the council. The details (including your name and submission contents) may also be made available to the public on the council's website or on request, with your contact details removed. These details are collected to inform the general public and community groups about all consent applications which have been received by the council. If you would like to request access to, or correction of your details, please contact the council.