Notice of submission to resource



CONSENT resource management act 1991

Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

| Applicant details (Please print in CAPITALS) |
|--|
| Full name |
| Postal address |
| Town |
| Business phone number Mobile phone number |
| Email |
| I support OR oppose the application of: to (proposal of applicant) |
| The particulars of the application my submission deals with are: |
| The reasons for my submission are: |
| |
| |
| (attach further sheets if necessary) |
| What decision do you wish Council to make? |
| |
| Do you wish to be heard in support of your submission? Yes No |
| Signature: Date: |
| If you wish to email your submission, please do so by emailing it to: info@tararuadc.govt.nz Please note: All information provided becomes public information I do not wish my contact details to be made public |