



Office Use

Queen Street « P O Box 54 « Wairoa « Telephone 06-838-7309« Fax 06-838-8874 «

**SUBMISSION ON AN APPLICATION
FOR RESOURCE CONSENT**

**UNDER SECTION 96 OF THE RESOURCE
MANAGEMENT ACT 1991**

Name
[Full Name]
Address
.....
[Full Postal Address]

1. I support/oppose the application
of
[State name of applicant]
for a
[State type of resource consent applied for]
to
[State proposal or activity of applicant]

2. The particular parts of the application I support/oppose are:
[Clearly indicate those parts of the application you support or oppose or wish to have amendments made to]
.....
.....
.....

3. The reasons for making my submission are:
[State in summary the nature of your submission, giving reasons]

.....

.....

.....

4. I wish the Wairoa District Council to make the following decision:
[Give details, including the nature of any conditions sought]

.....

.....

.....

5. I **do/do not** wish to be heard in support of my submissions.

.....

**[Signature of person making submission
or
persons authorised to sign on behalf of
person making submission.]**

.....

Date

**Address for Service of Person Making
Submission:**

.....

.....

.....

Telephone No:

Fax No:

Contact Person:

[Name and telephone number if different from above]

Note: *A copy of your submission must be served on the applicant as soon as reasonably practicable after service of your submission on the Wairoa District Council.*