**Submission on a resource consent application**

Full name:

Postal address:

Phone numbers: Work:       Home:

Cell phone:

Email:

Contact person *(name and phone number if different from above)*:

We are legally required to provide a copy of your submission to the applicant. This includes **your personal details** as provided on this submission form. We cannot withhold these details from an applicant.

Please **withhold personal details** if a request is made for a copy of my submission under the Local Government Official Information and Meetings Act 1987.

**I hereby make a submission on the following resource consent application(s):**

Application number(s):

Applicant’s name:

Application site location:

Type of consent(s) applied for:

Closing date for receipt of submission:

Tick one box to indicate your position*:*

I **support** the application(s)

I **oppose** the application(s)

Tick one box to indicate your position*:*

I **wish** to be heard in support of my submission

I **do not wish** to be heard in support of my position

I require a Te Reo translator:

Yes  No

I wish to have a Māori Commissioner on the Hearing Panel:

Yes  No

1 I seek the following decision from the Bay of Plenty Regional Council *(give precise details):*

2 The reasons for my submission are:

3 The conditions I seek to be included in the consent, if this application is granted, are:

Signature: Date:

*Signature of person submitting or person authorised to sign on behalf of submitter*

**Note: You must send a copy of this submission to the applicant as soon as practicable after submitting to the consent authority.**