**Submission in respect of a Resource Consent Application**

**From:** Full name:

 Postal address:

 Phone numbers: Work:       Home:

 Cell phone:

 Email:

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

The Bay of Plenty Regional Council is legally required to provide a copy of your submission to the applicant. This will include all of **your personal details** as provided on this submission form. These details cannot be withheld from an applicant by the Bay of Plenty Regional Council.

[ ]  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):**

**Details of 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 the box to indicate your position *(tick only one box):*

[ ]  I **support** the application(s)

[ ]  I **oppose** the application(s)

Tick the box to indicate your position *(tick only one box):*

[ ]  I **wish** to be heard in support of my submission.

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

I will 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 making my submission are:

3 The general nature of any conditions I seek to be part of the consent, if this application is granted are:

Signature: Date:

 *(Signature or person making submission or person authorised to sign on behalf of person making submission)*

**NOTE:**

**You must send a copy of this submission to the Applicant as soon as is reasonably practicable, after submitting this submission on the consent authority.**