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| **HEARING STATUS FORM**  **Lake Rotorua Nutrient Management – Proposed Plan Change 10** | |
| **Name and Organisation (if any) and Submission number (if known):** |  |
| **Email address:** |  |
| *Please complete the form below and return to this email address no later than* ***20 January 2017:***  Hearings are scheduled from **Monday, 13 March 2017** through to **Friday, 24 March 2017.**   1. **I wish to be heard on [**preferred date **] at [**preferred time **]**   I would like [*please state how much time*…………………………………………..…………..] to present my submission  I would like to attend the hearing at a marae  I will attend the hearing at the Millennium Hotel, Rotorua  I intend to call expert evidence (including any planning witness)  The name(s) of the expert witness(es) I intend to call is/are:  I wish to combine the presentation of my submission with the following submitters:   |  |  | | --- | --- | | **Submitter name** | **Submitter number** | |  |  | |  |  |      1. **I wish to withdraw my right to be heard at the hearing** | |

**Signed Date**