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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** |
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 1. **I wish to withdraw my right to be heard at the hearing** [ ]
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**Signed Date**