



**BAY OF PLENTY  
REGIONAL COUNCIL  
TOI MOANA**

- A** PO Box 364, Whakatāne 3158
- P** 0800 884 880
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- W** www.boprc.govt.nz

File ref:

	SEEN		SEEN

Office use only

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## Submission in respect of a Resource Consent Application

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**From:** Full name: .....

Postal address: .....

.....

Phone numbers: Work: ..... Home: .....

Cell phone:.....

Email: .....

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

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**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:.....

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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

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

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2 The reasons for making my submission are:

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

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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.**