



**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			

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*):

.....

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*):

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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.