Full name:

Postal address:

Phone numbers: Work:       Home:

 Cell phone:

 Email:

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

We are legally required to provide a copy of your submission to the applicant. This includes **your personal details** as provided on this submission form. We cannot withhold these details from an applicant.

[ ]  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.

Full name:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My submission is on the following 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:

Select one box to indicate your position *(only one box):*

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

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

Select one box to indicate your position *(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 submitting or person authorised to sign on behalf of submitter*

**You must send a copy of this submission to the applicant as soon as practicable after sending this submission to the consent authority.**

Call the Regulatory Coordinator Team on 0800 884 880 with any questions about this form. **Email the signed form to** **RegulatoryAdmin@boprc.govt.nz****.**