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): RM23-0010

Applicant’s name: Whakatāne District Council

Application site location: Whakatāne Township, Whakatāne CBD, Coastlands / Piripai, Shaw Road residential area, and the commercial and industrial areas of The Hub and Gateway Drive.

Type of consent(s) applied for: Discharge consent

Closing date for receipt of submission: Wednesday, 19 June 2024

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

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

If others make a similar submission I **would** consider a joint presentation with them at a Hearing on the resource consent application.

If others make a similar submission I **do not wish** to present a joint case at a Hearing on the resource consent application.

If you selected you would consider a joint presentation, please select one box to indicate your position *(only one box):*

I **agree** with BOPRC sharing my personal details (including my submission) with Submitters with a similar submission.

I **don’t** **agree** with BOPRC sharing my personal details (or submission) with Submitters with a similar submission.

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**](mailto:RegulatoryAdmin@boprc.govt.nz)**.**