

Submission Form

Pursuant to Section 96 of the Resource Management Act 1991



To: The Chief Executive Officer
South Waikato District Council
Private Bag 7
Torphin Crescent
TOKOROA 2392

Contact: Planning Section
Telephone: (07) 885 0340
Fax: (07) 885 0718
Email: info@swktodc.govt.nz
Website: www.swktodc.govt.nz

Submitter Details

I/We (*full names*):

Address:

Application Details

Wish to (*tick*)

<input type="checkbox"/>	Support	<input type="checkbox"/>	Oppose
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The application of:
(*Name/Organisation*)

For a (*state type of consent*)

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To (*briefly outline Proposal/Activity*)

The parts of the application I/we support/oppose are: (*continue on separate sheet if necessary*)

The reasons for my/our submission are: (*continue on separate sheet if necessary*)

I/we wish Council to make the following decision: *(continue on separate sheet if necessary)*

If a decision was to be made that is different, I wish the following conditions to be considered: *(continue on separate sheet if necessary)*

Hearing of Submissions

I/We	<input type="checkbox"/>	Wish to be heard in support of my/our submission.
	<input type="checkbox"/>	Do not wish to be heard in support of my/our submission.

Note: If you choose not to be heard, you may not necessarily be notified of when the Hearing will occur and you will have forgone any speaking rights

Signature

Signature <i>(applicant or person authorised to sign on behalf)</i>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
Date:	<input style="width: 95%;" type="text"/>

Contact Details for Service of Submission

Name:	<input style="width: 95%;" type="text"/>			
	<input style="width: 95%;" type="text"/>			
Postal Address:	<input style="width: 95%;" type="text"/>			
	<input style="width: 95%;" type="text"/>			
Phone:	Home:	<input style="width: 95%;" type="text"/>	Work:	<input style="width: 95%;" type="text"/>
Email:	<input style="width: 95%;" type="text"/>			