Submission form

Notice of submission under the Resource Management Act 1991 (pursuant to section 96) form 13

Notes

• A signature is not required if you are lodging your submission by electronic means.
• If you are making a submission to the Environmental Protection Agency (EPA) please use form 16B. Refer to the EPA website www.epa.govt.nz or call 0800 CALL EPA (22 55 372).
• The closing date for providing your submission to Waikato Regional Council is 20 working days after public notification or notice is served. You must also provide a copy of your submission to the applicant. This should be done as soon as possible.
• If you need any further help, please phone our Resource Use staff on 0800 800 402.

Section 1: Application details

Applicant name: ____________________________________________________________

Description of proposal:
(Briefly describe the type of consent, and the nature and location of the activity. If the proposal is for a change or cancellation of an existing consent condition, please detail the type and location of consent, the relevant condition and the proposed change. If the application is for a transfer of a water or discharge permit, provide details of the existing activity site and, if relevant, the part of the permit proposed to be transferred.)

The specific parts of the application that this submission relates to are:

Section 2: Submitter details

We will use your email address as preferred address for service, unless you advise otherwise.

<table>
<thead>
<tr>
<th>Name</th>
<th>Full name of submitter:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact person (include designation if applicable):</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Postal address</th>
<th>Street/RD/PO Box/Private Bag:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburb:</td>
<td></td>
</tr>
<tr>
<td>Town/city:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Residential address</th>
<th>Street:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If different from postal address</td>
<td>Suburb:</td>
</tr>
<tr>
<td></td>
<td>Town/city:</td>
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<tr>
<td></td>
<td>Postcode:</td>
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<table>
<thead>
<tr>
<th>Email address</th>
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Section 3: Submission on proposal

Please detail your submission below. Attach additional pages if necessary.

I/we (tick one option only):

☐ Support the application/s
☐ Oppose the application/s
☐ Neither support nor oppose the application/s (neutral submission)

My submission:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

The reasons for my views are:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
I seek the following decision from the consent authority:

(Give precise details, including the parts of the application you wish to have amended and the general nature of any conditions sought.)

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Please tick either yes or no to the following options:

I/we wish to be heard in support of this submission

☐ Yes  ☐ No

I/we will consider presenting a joint case at a hearing if others make a similar submission

☐ Yes  ☐ No

I/we request the functions, powers and duties required to hear and decide the application/s are delegated to one or more hearing commissioners who are not members of Waikato Regional Council.

☐ Yes  ☐ No

(A request for delegation of hearing and decision-making authority must be made in writing no later than 5 working days after the submission closing date. You may be liable to meet or contribute to the costs of the hearings commissioner or commissioners. You may not make this request in relation to an application to carry out an activity that a regional plan describes as a restricted coastal activity.)

Signature of submitter: ___________________________  Date: ___________________________

(or person authorised to sign on behalf of submitter)