

**SUBMISSION ON AN APPLICATION FOR RESOURCE CONSENT UNDER SECTION 96 OF THE RESOURCE MANAGEMENT ACT 1991**

TO: THE WEST COAST REGIONAL COUNCIL

NAME OF SUBMITTER: \_\_\_\_\_  
[Full Name]

ADDRESS: \_\_\_\_\_  
[Full Postal Address]

APPLICATION NUMBER: \_\_\_\_\_

1. I support/or oppose [delete one]  
the application \_\_\_\_\_ [State name of applicant]  
for a \_\_\_\_\_ [State type of resource consent applied for]  
\_\_\_\_\_  
\_\_\_\_\_ [State proposal or activity of applicant]

2. The particular parts of the application I support or oppose are:  
[Clearly indicate which parts of the application you support or oppose or wish to have amendments made to]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The reasons for making my submission are:  
[State in summary the nature of your submission, giving reasons]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I wish the consent authority to make the following decision:  
[Give details, including the nature of any conditions sought]

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5. **I do wish to be heard** in support of my submission.  
**I do not wish to be heard** in support of my submission.  
[Delete one]

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Signature of person making submission or person authorised to sign on behalf of person making submission.

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Date

### Contact Details

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Address for service of person making submission.

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Telephone No. (daytime)

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Telephone No. (evening)

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Fax No.

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Mobile No.

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[Name and telephone number if different from above]

Contact person:

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E Mail Address (If available)

NOTE: A copy of your submission must be served on the applicant as soon as reasonably practicable after service of your submission on the consent authority.