

**TO: THE WEST COAST REGIONAL COUNCIL
P.O. BOX 66
GREYMOUTH**

RESOURCE CONSENT DETAILS

FILE NO: _____

BY: _____

TO: _____

Please tick the appropriate box

- I wish to surrender this consent
- I no longer own the property to which this consent relates

_____ **NAME *(please print clearly)***

_____ **SIGNATURE**

_____ **DATE**

Note: There may be a final inspection required in surrendering your consent and a member of the Compliance team will contact you if this is needed.