

SURRENDER OF CONSENT

RESOURCE CONSENT DETAILS (from your consent document)

Consent Number: _____

Consent Holder: _____

Consent Purpose: _____

Please tick the appropriate box

- I wish to surrender all of this consent
- I wish to surrender part of this consent

Parts to be surrendered _____

Reasons for wishing to surrender consent:

_____ **NAME**

_____ **SIGNATURE**

_____ **DATE**

Note: The surrender of a resource consent does not take effect until you have received a notice of acceptance of the surrender from the West Coast Regional Council. There may be a final inspection required in surrendering your consent. You will be contacted by a Compliance Officer if this is needed.