To: **West Coast Regional Council**
PO Box 66
GREYMOUTH

GRAVEL EXTRACTION RECORD FORM

Please complete and return to WCRC **before** ______________________________

Resource Consent Holder	
Resource Consent number(s)	

DATE		**NAME OF CONTRACTOR OR SUBCONTRACTOR**	**LOCATION**		**NUMBER OF TRUCKLOADS / VOLUME**
YEAR	**MONTH**				

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