## GRAVEL EXTRACTION RECORD FORM

Office Use Only



Please complete and return this form to the Council before:								
Consent Number:								
Consent Holder details								
	s of Consent							
consent wa	s issued in.							
Consent Holder postal address								
Primary contact person/s								
Email address								
Phone number/s			Home:			Business:		
			Mobile:		Fax:			
DATE NAME OF CONTRACTOR LOCATION VOLUME IN CURIC M								
			OR SUBCONTRACTOR		LOCATION		VOLUME IN CUBIC METRES	

More forms can be downloaded from the website or phone a member of the Consents & Compliance team at the Council.



388 Main South Road, Paroa, Greymouth 7805 PO Box 66, Greymouth 7840 Telephone (03) 768 0466 Toll Free 0508 800 118 Facsimile (03) 768 7133

Email <a href="mailto:info@wcrc.govt.nz">info@wcrc.govt.nz</a> Website <a href="mailto:www.wcrc.govt.nz">www.wcrc.govt.nz</a>