Waipa DISTRICT COUNCIL

Ref No:	
Val No:	
Doc No:	
To:	

SUBMISSION ON A PROPOSAL FOR PLAN CHANGE
Clause 6 of the First Schedule of the Resource Management Act 1991
(Form 5)

To: Waipa District Council, Private Bag 2402, Te Awamutu 3840

101 Bank Street, Te Awamutu
Ph 07 872 0030 Fax 872 0033

23 Wilson Street, Cambridge
Ph 07 823 3800 Fax 07 823 3820

Email: submissions@waipadc.govt.nz

****Please note all sections of the following form need to be completed****

NAME OF SUBMITTER:

Full Name:……..
Address:……
Postal Address For Service:……
Phone:……**Email:** ……**Fax:**……..
Contact Person (name and designation if applicable)……..

THIS IS A SUBMISSION ON THE FOLLOWING PROPOSED PLAN OR PLAN CHANGE:

Name of proposed plan or plan change:……..

THE SPECIFIC PARTS OF THE PLAN CHANGE THAT MY SUBMISSION RELATES TO, AND WHETHER I SUPPORT, OPPOSE OR WISH TO HAVE THEM AMENDED, ARE: *(detail the parts of the plan change you are submitting on and advise whether you support, oppose or wish to have them amended by circling the relevant option).*

1……Support/Oppose/Amend

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2…… Support/Oppose/Amend

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3…… Support/Oppose/Amend

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4…… Support/Oppose/Amend

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MY SUBMISSION IS:

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I SEEK THE FOLLOWING DECISION FROM THE CONSENT AUTHORITY: *(give precise details)*

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DO YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION?

Yes ☐ No ☐ (please tick)

IF OTHERS MAKE A SIMILAR SUBMISSION I WILL CONSIDER PRESENTING A JOINT CASE WITH THEM AT THE HEARING?

Yes ☐ No ☐ (please tick)

SIGNATURE:

To be signed by submitter or person authorised to sign on behalf of submitter.

(NB. A signature is not required if you make your submission by electronic means).

Signed:……..
Date:……