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
Email: submissions@waipadc.govt.nz

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

****Please note all sections of this form need to be completed****

NAME OF SUBMITTER:

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

THIS IS A SUBMISSION ON THE FOLLOWING PROPOSED PLAN *OR* PROPOSED CHANGE TO THE PLAN ***(the proposal)*****:**

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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5…… Support/Oppose/Amend

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MY SUBMISSION IS: *(include reasons for your views)*

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I SEEK THE FOLLOWING DECISION FROM THE LOCAL 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 OF 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:……