



Submission

in Respect of a

Resource Consent Application

under section 96 of the Resource Management Act 1991

Office Use Only

Date Received:

Submission No:

Person or Organisation making Submission

Full Name: _____

Contact Person: _____
(If different from above)

Postal Address: _____

Physical Address: _____
(If different from above)

Phone No's: Bus _____ After Hours _____

Mobile _____ Fax No _____

Resource Consent Application

Applicant Name: Auckland City Council

Applicant Name: _____

Application Number(s): 28873, 28871, 28964 File Ref: 17355

Closing Date for Receipt of Submission: Monday 31 July 2006

This submission must be received by the Auckland Regional Council no later than 4.30 pm on the closing date.

Submission

Do support/oppose the application(s) (Please ✓) Support Oppose

Do wish to be heard in respect of your submission (Please ✓) Yes No

Please state reasons for submission on page 2

Signature

Name _____ Signature _____
(In block letters) (Submitter/person authorised to sign on behalf of submitter)

Position _____ Date _____
(Where applicable, eg. Manager)

Note

- You are required to send a copy of this submission to the applicant as soon as is reasonably practicable;
- It is very helpful if we know the location of your property in relation to the site of the application. If possible, please attach a copy of a locality/street map or a sketch map showing the location of your property. If the application relates to taking water or discharging wastewater and you are a water user, also indicate the source of your supply on the map - include any nearby streams, bores or dams and indicate road names and property boundaries/owners.
- This form may be used, but its use is not essential.

Consent Services, Auckland Regional Council, Private Bag 92 012, AUCKLAND

Phone: (09) 366 2000 Fax: (09) 366 2155

If calling from outside the Auckland free call area phone 0800 80 60 40.



