



Office Use Only  
Application No

# Submission on Application for Resource Consent

Resource Management Act 1991 – Form 6A

Cameron Road  
Private Bag 12803  
Tauranga 3143  
Phone: 07 571 8008  
Fax: 07 5779820  
customercare@westernbay.govt.nz  
www.westernbay.govt.nz

## 1. Submitter Details

First Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

## 2. Address for Service *(your postal address)*

\_\_\_\_\_  
Post Code: \_\_\_\_\_

## 3. Contact Details

Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## 4. Submission

A submission is made in respect of the application by *(state name of applicant)*:

to *(briefly describe the application)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I / We **support/oppose** the application because:

I/We seek that the Council make the following decision in respect of the application:

I/We wish to be heard in support of this submission

Yes



No



Signed: *(person making the submission or person to sign on their behalf)*

Date

**A copy of this submission must be sent to the applicant/agent as soon as practicable.**