



ASHBURTON DISTRICT COUNCIL

Submission on an Application for a Resource Consent Section 96: Resource Management Act 1991

June 2000

To: Ashburton District Council
PO Box 94
ASHBURTON
Ph: 03 308 5139
Fax: 03 308 1836

OFFICE USE
ONLY

Entered on
data base?

Person making submission

Name: _____

Postal Address: _____

Contact Phone: (wk) _____ (pvt) _____ Fax: _____

Consent application

Application Number: _____

Name of Applicant: _____

1. I / We support the above application I / We oppose the above application

2. The reasons for making my submission are: *(state in summary the nature of your submission, giving reasons)*

3. I wish the consent authority to make the following decision: *(give details, including the general nature of any conditions sought)*

4. I wish to be heard in support of my submission

I DO NOT wish to be heard in support of my submission

Signature of submitter or duly authorised agent on behalf of submitter

Date / /

PLEASE NOTE:

The person making this submission must send a copy to the applicant as soon as reasonably practicable.