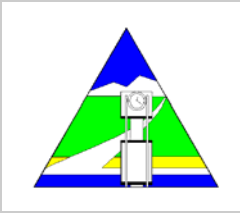


This submission is to be served on the council and a copy of this submission should also be served on the original submitter.

Form 6



ASHBURTON DISTRICT COUNCIL

**Further Submission in Support or Opposition to a Submission on a Publicly Notified Proposed Plan Change under Clause 8 of the First Schedule to the Resource Management Act 1991**

**To: Ashburton District Council  
PO Box 94  
ASHBURTON  
Ph: 03 307 7700  
Fax: 03 308 1836**

**Submission on:** Plan Change to Ashburton District Plan

Name: \_\_\_\_\_  
(Full Name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Full Postal Address)

1. I support **or** oppose the submission of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(State name and address of person making original submission and submission number of original submission, if available)*

2. The particular parts of the submission I support **or** oppose are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the proposed policy statement or plan)*

3. The reasons for my support or opposition are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Give precise details)*

4. I seek the following decision from the local authority: \_\_\_\_\_

---

---

---

---

*(Give precise details)*

5. Do you wish to be heard in support of your further submission. Yes  No

6. If others make a similar submission **I would / would not** be prepared to consider presenting a joint case with them at any hearings.

Address for service of  
person making submission:

---

---

---

Telephone No.:

---

Fax No.

---

Email Address:

---

\_\_\_\_\_  
*(Signature of person making submission or person authorised to sign on  
behalf of person making submission.)*

\_\_\_\_\_  
*(Date)*

**A copy of your further submission must be served, within 5 working days after making the further submission to the Local Authority, on the person who made the original submission.**