

Please return this form to: info@adc.govt.nz or Ashburton District Council, PO Box 94, Ashburton 7740

Submitter Details

Name:

Postal address:

Home number:

Work number:

Mobile number:

Email address:

Consent Application

Name of applicant:

Application number:

I/We support this application

I/We oppose this application

The reasons for making my submissions are (please state the nature of your submission and give reasons):

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

I wish to be heard in support of my submission

I do not wish to be heard in support of my submission

Signature and Date

Signature: