PROPOSED WAIKATO REGIONAL PLAN CHANGE 1 WAIKATO AND WAIPĂ RIVER CATCHMENTS



Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipä River Catchments.

Important: Save this PDF to your computer before answering. If you edit the original form from this webpage, your changes will not save. Please check or update your software to allow for editing. We recommend Acrobat Reader.

FORM 5 Clause 6 of First Schedule, Resource Management Act 1991

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	FOR OFF	ICE USE ONLY	
		Submission	Number
Entered		Initials	1.00
File Ref		Sheet 1 of	1

Online at	www.waikatoregion.govt.nz/healthyrivers
	Please Note: Submissions received by email must contain full contact details.
Emailed to	healthyrivers@walkatoregion.govt.nz
Faxed to	(07) 859 0998 Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses
Delivered to	Walkato Regional Council, 401 Grey Street, Hamilton East, Hamilton
Mailed to	Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240

YOUR NAME AND CONTACT DETAILS		
Full name: Alan Curry.		
Fulladdress: 34 Maparol South Road Tekyiti		
Email: Kidcu@xtra. Co.nz		
Phone: 078787943 Fax:		
ADDRESS FOR SERVICE OF SUBMITTER		
Full name: Alan Curry		
Address for service of person making submission: 34 Mapaca Sauth Raad		
Tekniti		
Email: Kiden @xtog .co-nz_		
Phone: 078787943 Fax:		
TRADE COMPETITION AND ADVERSE EFFECTS		
OI could / O could not gain an advantage in trade competition through this submission.		
I am / I am not diffectly affected by an effect of the subject matter of the submission that:		
(a) adversely effects the environment, and		
(b) does not relate to the trade competition of the effects of trade competition.		

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Delete entire paragraph if you could not gain an advantage in trade competition through this submission.

THE SPECIFIC PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO

Please state the provision, map or page number e.g. Objective 4 or Rule 3.31.5.1 (Continue on separate sheet(s) if necessary).

I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

(Select as appropriate and continue on separate sheet(s) if necessary).

Support the above provisions

O Support the above provision with amendments

Oppose the above provisions

MY SUBMISSION IS THAT

Tell us the reasons why you support or oppose or wish to have the specific provisions amended. (Please continue on separate sheet(s) if necessary).

Foppose this provision as I feel we should all be treated the same and find this completely racist

I SEEK THE FOLLOWING DECISION BY COUNCIL

(Select as appropriate and continue on separate sheet(s) if necessary).

O Accept the above provision

• Age of the above provision with amendments as outlined

O Decline the above provision

If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHE	THER YOU WISH TO BE HEARD IN SUPPORT OF YOUR	
SUBMISSION		
 I wish to speak at the hearing in support of my submission I do not wish to speak at the hearing in support of my sub 		
	missions.	
JOINT SUBMISSIONS		
	you will consider presenting a joint case with them at the hearing.	
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSIO INDICATE BELOW	N PLEASE ATTACH THEM TO THIS FORM AND	
Yes, I have attached extra sheets.	No, I have not attached extra sheets.	
SIGNATURE OF SUBMITTER		
signature	Date: 8-3-2017	
Personal information is used for the administration of the sub will be held by Waikato Regional Council, with submitters hav	mission process and will be made public. All information collected ing the right to access and correct personal information.	
PLEASE CHECK that you have provided all of the information requested and if you are having trouble filling out this form, phone Waikato Regional Council on 0800 800 401 for help.		