PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPĀ RIVER CATCHMENTS

Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipā 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

SubForm	PC12016	COVER SHEET
	FOR OF	FICE USE ONLY
		Submission Number
Entered		Initials

SUBMISSIONS CAN BE		
Mailed to	Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240	
Delivered to	Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton	
Faxed to	(07) 859 0998 Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses	
Emailed to	healthyrivers@waikatoregion.govt.nz Please Note: Submissions received by email must contain full contact details.	
Online at	www.waikatoregion.govt.nz/healthyrivers	
We need to receive your submission by 5pm, 8 March 2017.		

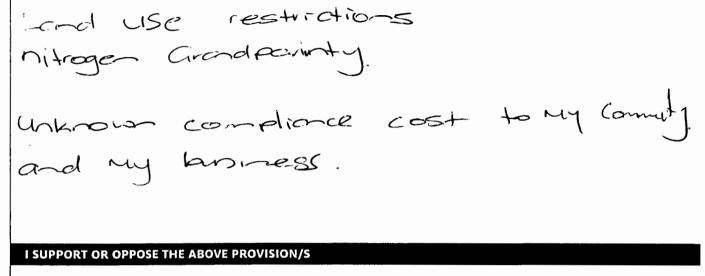
YOUR NAME AND CONTACT DETAILS			
Full name: Ano Clak			
Full address: 226 Hopa, EREN Rd. NGATEN.			
Full address: 226 Hopa, Erest Rd. NGATEN. Email: ammareeclarko Gmail.com			
Phone: 0292771964 Fax:			
ADDRESS FOR SERVICE OF SUBMITTER			
Full name:			
Address for service of person making submission:			
Email:			
Phone: Fax: Fax:			
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)			
\bigcirc I could / \bigcirc could not gain an advantage in trade competition through this submission.			
\bigcirc I am / \bigcirc am not directly 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 or the effects of trade competition.

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 3.11.5.1 (Continue on separate sheet(s) if necessary).



(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).

I supply the need to deen wordenacy My business in town & farming heavy relai on the support of Rural comminity. The compliance costs & Restrictions enforced will reduce all amount of descretion any money spent.

I SEEK THE FOLLOWING DECISION BY COUNCIL

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

• Accept the above provision

O Accept 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 SUBMISSION	THER YOU WISH TO BE HEARD IN SUPPORT OF YOUR			
I wish to speak at the hearing in support of my submissions.				
I do not wish to speak at the hearing in support of my submissions.				
O If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.				
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION INDICATE BELOW	ON PLEASE ATTACH THEM TO THIS FORM AND			
O Yes, I have attached extra sheets.	⑦No, I have not attached extra sheets.			
SIGNATURE OF SUBMITTER				
Signature:	Date: 7/3/2017			
Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Waikato Regional Council, with submitters having the right to access and correct personal information.				
PLEASE CHECK that you have provided all of the informati form, phone Waikato Regional Council on 0800 800 401 fo				

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