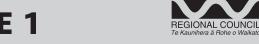
# **PROPOSED WAIKATO REGIONAL PLAN CHANGE 1**



## 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	COVE	R SHEET	
FOR OFFICE USE ONLY				
		Submission Nu	ımber	
Entered		Initials		
File Ref		Sheet 1 of		

Waikato

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 <b>Please Note:</b> if you fax your submission, please post or deliver a copy to one of the above addresses
Emailed to	healthyrivers@waikatoregion.govt.nz <b>Please Note:</b> 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.	

We need to	receive v	our submission	by 5p	m. 8 N	Aarch 2017
The meet of		our ouomission	<b>U J U P</b>	, •	

YOUR NAME AND CONTACT DETAILS
Full name:
Full address:
Email:
Phone: Fax:
ADDRESS FOR SERVICE OF SUBMITTER
Full name:
Address for service of person making submission:
Email:
Phone: Fax:
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)
$\bigcirc$ I could / $\bigcirc$ could not gain an advantage in trade competition through this submission.
<ul> <li>I am / O am not directly affected by an effect of the subject matter of the submission that:</li> <li>(a) adversely effects the environment, and</li> <li>(b) does not relate to the trade competition or the effects of trade competition.</li> </ul>
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).

### I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

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

- O Support the above provisions
- 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 SEEK THE FOLLOWING DECISION BY COUNCIL

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

Accept the above provision

 $\bigcirc$  Accept the above provision with amendments as outlined

O Decline the above provision

 $\bigcirc$  If not declined, then amend the above provision as outlined

SUBMISSION	T BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of m	y submissions.
I do not wish to speak at the hearing in suppo	ort of my submissions.
JOINT SUBMISSIONS	
O If others make a similar submission, please tic	ck this box if you will consider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS INDICATE BELOW	SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	◯ No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: Bevan Wait	Date:
	on of the submission process and will be made public. All information collected britters having 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.

ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION	
Section number of the Plan Change:	
Do you support or oppose the provision?	Support Oppo
Submission	Decision Sought
State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you want Council to make on the provision.
Section number of the Plan Change:	
Do you support or oppose the provision?	⊖ Support ⊖ Oppo
Submission	Decision Sought
State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you want Council to make on the provision.

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From:Bevan WaitTo:Healthy RiversSubject:Submission - #9452644Date:Tuesday, November 01, 2016 10:42:05 AMAttachments:Consultation Form WR\_Fillable2.pdf

Hi,

Please find my submission for Healthy Rivers.

My contact details are:

Bevan Wait 4/26 Patteson Ave Mission Bay Auckland

Phone: 021 421 530