## **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.

**SUBMISSIONS CAN BE** 

Mailed to

SubForm PC12016 COVER SHEET FOR OFFICE USE ONLY Submission Number Initials Entered File Ref Sheet 1 of

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

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 AN	D CONTACT DETAILS	
Full name: CH	ARLES RECHARD STOKES  1 RAIKAY RO R.O. 1 REPUROA. 3081.	
Phone: 07-3	kes Ofarmside. Co. 17 3338071 Fax:	
ADDRESS FOR SERVICE OF SUBMITTER		
Full name: As Above		
Address for service of person making submission:		
Email:		
Phone:	Fax:	
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)		
OI could / O could not gain an advantage in trade competition through this submission.		
I am / 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.

Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240

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
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).  The Federated Farmers  Submission.
I SEEK THE FOLLOWING DECISION BY COUNCIL
(Select as appropriate and continue on separate sheet(s) if necessary).
Accept the above provision
Accept the above provision with amendments as outlined
O Decline the above provision  O If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION
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.
JOINT SUBMISSIONS
OIf 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 PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW
Yes, I have attached extra sheets.
SIGNATURE OF SUBMITTER
Signature: $\int_{0}^{\infty} \int_{0}^{\infty} \int_{$
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 information requested and if you are having trouble filling out this form, phone Waikato Regional Council on 0800 800 401 for help.