Proposed Waikato Regional Plan Change 1 – Waikato and Waipa River Catchments.

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

SUBMISSIONS CAN BE

SubForm	PC12016	COVER SH	IEET
	FOR OFFICE	E USE ONLY	
		Submission Number	
Entered		Initials	

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

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 addresse		
Emailed to	healthyrivers@waikatoregion.govt.nz Please Note: Submissions received my email must contain full contact details. We also request you send us a signed original by post or courier.		
Online at	www.waikatoregion.govt.nz/healthyrivers		
	We need to receive your submission by 5pm, 8 March 2017.		
YOUR NAME A	ND CONTACT DETAILS		
Full name	DAV D Richardson		
Full address	11 Oman Rd, R.D. 3 Tekuite		
Email Colsha	ch @ gmail.com Phone o, 2186640 Fax		
ADDRESS FOR S	ERVICE OF SUBMITTER		
Full name	DAN'D Ruhardser		
Address for serv	School as Aboves		
TRADE COMPET	TITION AND ADVERSE EFFECTS (select appropriate)		
I could /	could not gain an advantage in trade competition through this submission.		
✓ I am / □ an (a) adversely ef	n not directly affected by an effect of the subject matter of the submission that: fects the environment, and		
	ate to the trade competition or the effects of trade competition. ragraph if you could not gain an advantage in trade competition through this submission.		
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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.)

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				
☐ 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 PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW				
Yes, I have attached extra sheets.	No, I have not attached extra sheets.			
SIGNATURE OF SUBMITTER (or person authorised to sign on behalf of submitter) A signature is not required if you make your submission by electronic means.				
Signature Whods-	Date 5/3/17			
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.