

To:
Chief Executive
Taranaki Regional Council
Private Bag 713
Stratford

phone 06-765 7127
fax 06-765 5097
free phone 0800 736 222



Withdrawal of request to be heard

Submitter's name _____

Submitter's address _____

I/we no longer wish to attend a hearing and present my/our submission made on the application for a resource consent by:

applicant's name _____ application number[s] _____

activity _____

The reason for withdrawal is:

I/we accept the draft terms and conditions provided to me by Council staff on/...../.....

other _____

Signed _____ Date _____

I understand that in waiving my right to be heard the Council will still take my submission into account when deciding the application, and I still retain my right to appeal any decision made by the Council.

**If you have any queries, please contact the Consents Section
of the Taranaki Regional Council.**

For Office use only

Database updated by _____ Date _____