

To:
Chief Executive
Taranaki Regional Council
Private Bag 713
Stratford



phone 06-765 7127
fax 06-765 5097

Withdrawal of application

Applicant's name _____

Applicant's address _____

Application number _____ Consent number _____

Activity _____

I/We wish to withdraw the above application for a resource consent.

Signature _____ Date _____

For office use only

UC Y N

PR Y N

Consents Manager _____

Admin informed and database updated by _____ Date _____