

CONSULTATION FORM

PHOTOCOPY THIS FORM FOR EACH PERSON OR GROUP TO BE CONSULTED

Applicant	
Description of proposal	

Person/group consulted in regard to this proposal

Name of contact person		
Name of group		
Street address		
Email address		
Contact number/s	phone:	fax:

Consulted party's views on the proposal (to be completed by person/group consulted)

If you would like the Waikato Regional Council to know your views on the applicant's proposal, and/or if you consider you may be adversely affected, please indicate your views below (attach additional pages if necessary). Consider the following: How do you consider you will be affected? How would you like the applicant's proposal to be modified to take account of your views? What other comments do you have on the proposal that you would like the Waikato Regional Council to consider in making a decision on these resource consent applications?

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Applicant's response to views of consulted parties (to be completed by applicant)

Please indicate how your proposal can be modified to take account of the views of the party you have consulted with (or why the proposal may not be able to be modified to take account of those views).

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Consulted party's response to the proposal (to be completed by person/group consulted) *Please tick one only*

- I/We give my/our approval for the proposal I/We do not give my/our approval for the proposal
 I/We are not affected by this proposal

Signed _____ **Date** _____