HEARING APPEARANCE FORM

Private Plan Change 109 Hearing

Hearing Date: Tuesday 29 and Wednesday 30 July 2025

Hearing Location: Council Chamber , Henderson Civic,1 Smythe Road

RETURN FORM TO THE HEARINGS ADVISOR BY

Tuesday 15 July 2025 by 12 noon

Hearings Advisor
Auckland Council
Democracy Services – Hearings Unit
Private Bag 92300
AUCKLAND 1142

Phone No:
098902009
Email:
chayla.walker@aucklandcouncil.govt.nz

NAME:		
PHONE NO:		
AGENT'S NAME:		
AGENT'S PHONE NO:		
Do you intend to speak at the Hearing?	**Yes** ☐	**No** ☐
Time required to speak to your evidence	**hours**	**min**
Will you present online using Microsoft Teams?	**Yes** ☐	**No** ☐
Will you do a digital presentation?	**Yes** ☐	**No** ☐
Do you require a Te Reo Translator?	**Yes** ☐	**No** ☐
Do you require a New Zealand Sign Language interpreter?	**Yes** ☐	**No** ☐
Names of Witnesses to be called/ Comments for the organizer:		
Name of person completing form:	**Date:**	