

## **Before you fill out the attached submission form, you should know:**

You need to include your full name, an email address, or an alternative postal address for your submission to be valid. Also provide a contact phone number so we can contact you for hearing schedules (where requested).

By taking part in this public submission process your submission will be made public. The information requested on this form is required by the Resource Management Act 1991 as any further submission supporting or opposing this submission is required to be forwarded to you as well as Auckland Council. Your name, address, telephone number, email address, signature (if applicable) and the content of your submission will be made publicly available in Auckland Council documents and on our website. These details are collected to better inform the public about all consents which have been issued through the Council.

Please note that your submission (or part of your submission) may be struck out if the authority is satisfied that at least one of the following applies to the submission (or part of the submission):

- It is frivolous or vexatious.
- It discloses no reasonable or relevant case.
- It would be an abuse of the hearing process to allow the submission (or the part) to be taken further.
- It contains offensive language.
- It is supported only by material that purports to be independent expert evidence, but has been prepared by a person who is not independent or who does not have sufficient specialised knowledge or skill to give expert advice on the matter.

# Further Submission in support of, or opposition to, a notified proposed plan change or variation

Clause 8 of Schedule 1, Resource Management Act 1991  
FORM 6



Send your submission to [unitaryplan@aucklandcouncil.govt.nz](mailto:unitaryplan@aucklandcouncil.govt.nz) or post to :

Attn: Planning Technician  
Auckland Council  
Level 16, 135 Albert Street  
Private Bag 92300  
Auckland 1142

For office use only

Further Submission No:

Receipt Date:

## Further Submitter details

**Full Name or Name of Agent (if applicable)**

Mr/Mrs/Miss/Ms(Full Name) \_\_\_\_\_

**Organisation Name (if further submission is made on behalf of Organisation)**

**Address for service of Further Submitter**

Telephone:

Email:

Contact Person: (Name and designation, if applicable)

## Scope of Further Submission

**This is a further submission in support of (or opposition to) a submission on the following proposed plan change / variation:**

Plan Change/Variation Number

PC 94 (Private)

Plan Change/Variation Name

Wairaka Precinct

**I support** :  **Oppose**  (tick one) **the submission of:**

(Original Submitters Name and Address)

(Please identify the specific parts of the original submission)

**Submission Number**

**Point-Number**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**The reasons for my support / opposition are:**

---

---

---

---

I seek that:

the whole :

or part  (describe precisely which part) \_\_\_\_\_

of the original submission be **allowed**

**disallowed**

I wish to be heard in support of my submission

I do not wish to be heard in support of my submission

If others make a similar submission, I will consider presenting a joint case with them at a hearing

\_\_\_\_\_  
Signature of Further Submitter  
(or person authorised to sign on behalf of further submitter)

\_\_\_\_\_  
Date

**PLEASE COMPLETE THE FOLLOWING SECTION**

Please tick one

I am a person representing a relevant aspect of the public interest. (Specify upon what grounds you come within this category)

\_\_\_\_\_  
\_\_\_\_\_

I am a person who has an interest in the proposal that is greater than the interest that the general public has. (Specify on what grounds you come within this category)

\_\_\_\_\_  
\_\_\_\_\_

**Notes to person making submission:**

A copy of your further submission must be served on the original submitter within 5 working days after it is served on the local authority

If you are making a submission to the Environmental Protection Authority, you should use Form 16C.