

Submission on a Resource Consent Application

Resource Management Act 1991 Section 96

To: **Queenstown Lakes District Council**

YOUR DETAILS

Our preferred methods of corresponding with you are by email and phone.

Name: _____

Phone Numbers: work _____ home _____ mobile _____

Email Address: _____

Postal Address: _____

_____ post code _____

APPLICATION DETAILS

Applicant's Name: _____

Application Reference Number: _____

Details of Application: _____

Location of Application: _____

SUBMISSION

I **Support/Oppose** the application

I **Do/Do not** wish to be heard in support of my submission

Signature - to be signed for or on behalf of submitter

Date

(If this form is being completed on-line you may not be able, or required, to sign this form)

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