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Notice of Withdrawal of a Resource Consent Application



An applicant may withdraw a consent application by giving written notice to the Consent Authority.

(For Office Use Only)

File No: _____

Consent No: _____

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

A request to withdraw an application can only be made by the applicant, or someone authorised to make this request on their behalf.

1 Consent Number to be withdrawn: _____

2 Brief description of activity and location:

3 Applicant/s Details and Declaration:

Full Name/s: _____

Postal Address: _____

Daytime Phone No: _____

As described above, the application is withdrawn.

Signature/s _____

Date _____

(Applicant/s or person/s authorised to sign on behalf of applicant/s)

Designation _____

(e.g., Consent Holder, Manager, Consultant)

Please Note: You will be advised shortly of the costs to date and any refunds or outstanding costs due.

Please return this form to: **Consents Administration**
Otago Regional Council
Private Bag 1954
Dunedin
Phone (03) 474 0827 Fax (03) 479 0015