

FORM 5

**SUBMISSION ON A PUBLICLY NOTIFIED
PLAN CHANGE/ VARIATION**

**CLAUSE 6 OF FIRST SCHEDULE
RESOURCE MANAGEMENT ACT 1991**

To: Mackenzie District Council
PO Box 52
FAIRLIE 7949

Full name of submitter: _____

Address for service: _____

Telephone: _____

Fax/email: _____

Contact person: _____

(name and designation, if applicable)

This is a submission on proposed Plan Change 18/ Plan Change 19 to the Mackenzie District Plan *(please select Plan Change)*

The specific provisions of the proposal that my submission relates to are:
(give details)

My submission is:

(include whether you support or oppose the specific provisions or wish to have them amended and the reasons for your views)

I seek the following decision from the Mackenzie District Council:
(give precise details)

- I wish to be heard** in support of my submission

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

(tick one box)

If others make a similar submission I **would / would not** *(delete one)* be prepared to consider presenting a joint case with them at any hearing.

Signature of submitter or person authorised to sign on behalf of submitter
(A signature is not required if you make your submission by electronic means.)

Date

If you have any queries about this form or the proposed plan change or variation, please contact Karina Morrow, Group Manager Planning and regulation, Mackenzie District Council.