

# FURTHER SUBMISSION FORM

IN SUPPORT OF, OR IN OPPOSITION TO, SUBMISSION/S ON NOTIFIED:



## PROPOSED WAIKATO REGIONAL PLAN CHANGE 1: WAIKATO AND WAIPĀ RIVER CATCHMENTS AND VARIATION 1 TO PROPOSED WAIKATO REGIONAL PLAN CHANGE 1: WAIKATO AND WAIPĀ RIVER CATCHMENTS

Save this PDF to your computer before answering. If you edit the original form from this webpage, your changes will not save. Please check or update your software to allow for editing. We recommend Acrobat Reader.

**Council needs to receive your further submission by 5pm, Monday, 17 September 2018. Please read the notes on making a Further Submission at the end of this form before completing your submission.**

### IMPORTANT NOTE

A copy of your further submission must be served on the original submitter/s within 5 working days of being lodged with council. An address list of all submitters is included with the summary of decisions requested documents and is available at [waikatoregion.govt.nz/healthyrivers](http://waikatoregion.govt.nz/healthyrivers)

### YOUR NAME, ADDRESS FOR SERVICE AND CONTACT DETAILS (MANDATORY INFORMATION)

Name of submitter (individual/organisation)	M. J. Lumsden	
Contact person (if applicable)	Malcolm Lumsden	
Agent (if applicable)		
Email address for service	mj.lumsden@stra.co.nz	
Postal address for service	184 A Lumsden Road R.D. 1 HONTHY 3771	
Phone number/s	Home:	Post code:
	Mobile: 0274 752 348	Business: Fax:

### IN ACCORDANCE WITH SCHEDULE 1 OF THE RESOURCE MANAGEMENT ACT:

I am:

- A person representing a relevant aspect of the public interest.  
*In this case, also specify the grounds for saying that you come within this category; or*
- A person who has an interest in the proposal that is greater than the interest the general public has.  
*In this case, also explain the grounds for saying that you come within this category; or*
- The local authority for the relevant area.

My reasons are (i.e. grounds for selection above):

**PLEASE INDICATE WHETHER YOU WISH TO SPEAK AT A HEARING**

- Yes, I wish to speak at the hearing in support of my further submission.  
 No, I do not wish to speak at the hearing in support of my further submission.

**JOINT SUBMISSION**

- If others make a similar submission, please tick this box if you would consider presenting a joint case with them at the hearing.

**IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW**

- Yes, I have attached \_\_\_\_\_ extra sheets.       No, I have not attached extra sheets.

**SIGNATURE - NOTE A SIGNATURE IS NOT REQUIRED IF YOU MAKE YOUR SUBMISSION BY ELECTRONIC MEANS**

Signed  Date 17-09-2018  
*Type name if submitting electronically*

**FURTHER SUBMISSIONS CAN BE SENT BY**

-  Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240
-  Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton
-  (07) 859 0998
-  [healthyrivers@waikatoregion.govt.nz](mailto:healthyrivers@waikatoregion.govt.nz) *Please note: Submissions received by email must contain full contact details.*

**PLEASE CHECK** that you have provided all of the information requested and if you are having trouble filling out this form, phone Waikato Regional Council on 0800 800 401 for help.

**Personal information is used for the administration of the submissions process and will be made public.** All information collected will be held by Waikato Regional Council, with submitters having the right to access and correct personal information.

Form 6 of Schedule 1, Resource Management Act 1991.

**FURTHER SUBMISSIONS ON PROPOSED PLAN CHANGE 1 AND VARIATION 1 TO PROPOSED PLAN CHANGE 1**

**NAME OF ORIGINAL SUBMITTER:** Franklin drainage district **ORIGINAL SUBMITTER ID:** \_\_\_\_\_  
advisory subcommittee

**ADDRESS OF ORIGINAL SUBMITTER:** \_\_\_\_\_

*Clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the proposal. Also indicate the Submission Point ID.*

**PROVISION** (e.g. Objective 4 or Rule 3.11.5.1): \_\_\_\_\_ **SUBMISSION POINT ID** (e.g. PC1-1234 or V1PC1-1234) \_\_\_\_\_

Do you support or oppose the submission?  Support  Oppose

**THE REASONS FOR MY SUPPORT OR OPPOSITION ARE:** **I SEEK THAT THE WHOLE (OR PART [DESCRIBE PART]) OF THE SUBMISSION BE ALLOWED (OR DISALLOWED):** Give precise details  
*Tell us why you support or oppose this submission. These reasons will help us to understand your further submission.*

I submit in support of this  
Submission

I seek the submission be allowed  
in full.

## NOTES ON MAKING A FURTHER SUBMISSION

### 1. Serving a copy of your further submission

A copy of your further submission must be served on the original submitter within 5 working days after it is served on (i.e. received by) Waikato Regional Council.

### 2. Further submission content review

Please note that your further submission (or part of your submission) may be struck out if the authority is satisfied that at least 1 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.

### 3. Privacy information

The Waikato Regional Council will make all submissions and further submissions including name and contact details publicly available on Council's website. Under the RMA, any further submission supporting or opposing an original submission is required to be served on the original submitter after it is served on council therefore your contact details must be made available.

Personal information will also be used for administration relating to the subject matter of the submissions, including notifying submitters of hearings and decisions. All information will be held by the Waikato Regional Council with submitters having the right to access and correct personal information.

### Contact us for more information

**Phone: 0800 800 401**

**Email: [healthyrivers@waikatoregion.govt.nz](mailto:healthyrivers@waikatoregion.govt.nz)**