



Withdrawal of consent application

To: Environmental Regulation department or Environmental Regulation department
 Greater Wellington Regional Council Greater Wellington Regional Council
 PO Box 11646 PO Box 41
 Wellington 6142 Masterton 5840

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 Facsimile: 04 385 6960

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 Facsimile: 06 378 2146

Email: notifications@gw.govt.nz

The undersigned hereby applies to *withdraw* a resource consent application in accordance with the details below:

Full name or company name of applicant (BLOCK CAPITALS):

Postal address: _____

Telephone no's: Business: _____ Private: _____

Name and address for service of documents (if different from above): _____

Application details

Consent application

Consent no: _____

Consent type and purpose: _____

Reason for withdrawal of application

Signature (applicant): _____ Date: _____

Please note you will be liable for any costs incurred in processing your application up to the date the consent is withdrawn.