

Transfer of water permit

To: The General Manager Greater Wellington Regional Council PO Box 11646 Wellington 6142

Telephone: 04 384 5708 Facsimile: 04 385 6960

Pursuant to section 136(2)(b) of the Resource Management Act 1991, the undersigned hereby applies to **transfer** a permit, in accordance with the details below:

Full name or company name of permit holder (BLOCK CAPITALS):

Postal address:			
Telephone no's:	Business:	Private:	
Name and addres	ss for service of docume	ents (if different from above):	
Details of permit t	o be transferred:		
Location of existin	ng site of water permit:		
Permit number:			
		erred to:	
If the entire permi	t is not being transferre	ed, what proportion is being tra	nsferred?
What are the effe	cts on the environment	from this transfer of permit? _	
Who may be affe consent application		permit? (This may include par	ties involved with the original
On what date do	you wish the transfer to	take effect?	
Signature (curren	t permit holder):		Date:
Signature (new p	ermit holder):		Date: