



Withdrawal of consent application

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

Telephone: 04 384 5708 Facsimile: 04 385 6960

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Please note you will be liable for any costs incurred in processing your application up to the date the consent is withdrawn.