



Notice of
**Withdrawal of a
 of Resource Consent Application**

Office Use Only

Date Received:

Please note: that a request to withdraw an application can only be made by the applicant, or someone authorised to make this request on their behalf.

Resource Consent Application Details

Application(s) No: _____ File Reference: _____
 Activity: _____
 Location/Site Address: _____

Applicant Contact Details

Name: _____
 Postal Address: _____
 Contact Person: _____
 Phone No's: Bus _____ After Hours _____
 Mobile _____ Fax No _____

Withdrawal Details

Please give a brief description of your reason for withdrawing the application(s):

Declaration

I hereby authorise the withdrawal of the application(s) described above

Name _____ Signature _____
 (In block letters) (Applicant/person authorised to sign on behalf of Applicant)
 Position _____ Date _____
 (Where applicable, eg. Manager)

You will be advised shortly of the costs to date and any refunds or outstanding costs due

Please return to

Client Services, Auckland Regional Council, Private Bag 92 012, Auckland Mail Centre, Auckland 1142
 Phone: (09) 366 2000 Fax: (09) 366 2155
 If calling from outside the Auckland free call area phone 0800 80 60 40