

District Plan Further Submission Form

in support of or in opposition to a submission
Proposed Hauraki Gulf Islands Section 2006

Please print clearly		For office use only	
Full name: <u>RALPH SOLABOSKI</u>		Submission No.	
Organisation: (if the submission is on behalf of an organisation)		<u>1854</u>	
Agent: (if applicable)		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED 28 MAY 2007 <i>[Signature]</i></div>	
Address for correspondence: <u>P.O BOX 46 CLARIS S.B.I</u>			
Phone: (business) _____ (home) <u>4290011</u> (09)(fax) _____			
e-mail address: _____			
Please use a separate form for each separate matter for submission			
I / We support <input checked="" type="checkbox"/> / oppose <input type="checkbox"/> the submission of:			
<i>(name and address of original submitter and submission number of original submission if available)</i>			
<u>MARTIN MITCHENER</u>			
<u>MITCHENER RD RD1 GREAT BARRIER ISLAND</u>		Submission number <u>3045</u>	
The particular parts of the above submission which I / we support <input checked="" type="checkbox"/> / oppose <input type="checkbox"/> are:			
<i>(clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the proposal)</i>			
<u>THE SUBMISSION AS PRESENTED FOR THE REASONS GIVEN</u>			
The reasons for my / our support or opposition to the above submission are:			
<u>THEY ARE ESSENTIAL FOR ORGANIC WEED CONTROL AND AS A FARMED ANIMAL HAVE RECOGNISED POTENTIAL IN THE HEALTH AREA.</u>			
I / We seek			
<input checked="" type="checkbox"/> the whole submission be allowed			
<input type="checkbox"/> the whole submission be disallowed			
<input type="checkbox"/> part of the submission be allowed			
<input type="checkbox"/> part of the submission be disallowed			
I / We wish to be heard at the council planning hearing		Yes	<input checked="" type="checkbox"/> No
I / We would be prepared to present a joint case at the hearing with any others making a similar submission		Yes	<input checked="" type="checkbox"/> No
Signed <u><i>[Signature]</i></u>		Date <u>28-5-07</u>	