

## Submission Form 16 to the Otago Regional Council on consent applications

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Submitter Details (please print clear				OTAGO REGIONAL COUNCIL RECEIVED DUNEDIN 1 2 NOV 2021	
Full Name/s:	SALLY	TANNE	R	FILE No.	_
Postal Address					
Phone number:					
Email address:					
I/ we wish to <b>SUPI</b> of:	PORT (OPPOS	SE ∮submit a NEUT	RAL submission	on (circle one) the application	
Applicant's Name	DCC	LAND	FILL P	IPPLICATOR	_
And/or Organisat	ion:			, , , ,	
Application Numb	per: Rw	120.280			=
Location:		120.00			7
Purpose:					_
The specific parts	of the application	on/s that my submis	ssion relates to a	re: (Give details)	
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I/We seek the following decision from the consent authority (give precise details, including the general nature of any conditions sought)
NO CONSENT!!!
I/we:  ☑ Wish to be heard in support of our/my submission □ Not wish to be heard in support of our/my submission
If others make a similar submission, I/we will consider presenting a joint case with them at a hearing.  ☐ Yes ☐ No
I, am/am not (choose one) a trade competitor* of the applicant (for the purposes of Section 308B of the Resource Management Act 1991).
*If trade competitor chosen, please complete the next statement, otherwise leave blank.
I an/am not (choose one) directly affected by an effect as a result of the proposed activity in the application that:  a) adversely affects the environment; and b) does not relate to trade competition or the effects of trade competition.
I, do/o not (choose one) wish to be involved in any pre-hearing meeting that may be held for this application.
I do/do not request* that the local authority delegates its functions, powers, and duties to hear and decide the application to 1 or more hearings commissioners who are not members of the local authority.
I have/have not served a copy of my submission on the applicant.
Signature/s of submitter/s  (or person authorised to sign on behalf of submitter/s)  (Date)