FOR OFFICE USE ONLY

## CON530: WITHDRAWAL OF RESOURCE CONSENT APPLICATION

TO: Consents Operations Section Environment Canterbury

Environment Canterbury P O Box 345			
CHRISTCHURCH 8140			
Ph: (03) 353 9007 Fax: (03) 36	65 3194		
I/We, Consent applicant			
Surname:	All first names (in full):		Mr/Mrs/Ms/Miss
Surname:	All first names (in full):		Mr/Mrs/Ms/Miss
Full Postal Address:			
<u>OR</u>			
Company name:			
Full Postal Address:			
because (state why you wish to withdraw thi	s consent application)		
I/we hereby request that the application be we the date of withdrawal of this application, and			all reasonable costs up t
Signature/s of all applicants or duly authorise	ed agent on behalf of consent applicar	Dat nt	te: / /
Print name/s			

