

# Withdrawal of Application Form No 004

To: **The Chief Executive**  
Taranaki Regional Council  
Private Bag 713  
**Stratford 4352**

Telephone 06-765 7127  
Facsimile 06-765 5097  
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**Applicant's name** \_\_\_\_\_

**Applicant's address** \_\_\_\_\_

**Consent no** \_\_\_\_\_ **or** **Application number** \_\_\_\_\_

**Activity** \_\_\_\_\_

\_\_\_\_\_

I/We wish to withdraw the above application for a resource consent.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<i>For office use only</i>	<i>Doc #</i> _____
<i>Consents Manager</i> _____	<i>Date</i> _____
<i>Admin informed and database updated by</i> _____	<i>Date</i> _____