

## Your Comment on the Papakāinga Development - Kaitaia

All sections of this form with an asterisk (\*) are mandatory.

### 1. Contact Details

Please ensure that you have authority to comment on the application on behalf of those named on this form.

<b>Organisation name (if relevant)</b>	Northland Regional Council		
<b>*First name</b>	Stuart		
<b>*Last name</b>	Savill		
<b>Postal address</b>			
<b>*Home phone / Mobile phone</b>	██████████	<b>*Work phone</b>	09 470 1210 ext 9101
<b>*Email (a valid email address enables us to communicate efficiently with you)</b>	stUARTS@nrc.govt.nz		

### 2. \*We will email you draft conditions of consent for your comment about this application

✓	I can receive emails and my email address is correct	<input type="checkbox"/>	I cannot receive emails and my postal address is correct
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### 3. Please provide your comments on this application

If you need more space, please attach additional pages. Please include your name, page numbers and the project name on the additional pages

This is to confirm that Northland Regional Council has no further comments regarding this application from what was provided as part of the pre application consultation that has been included in Appendix 14 of the application document.