



Transfer of permit

To: The General Manager
Greater Wellington Regional Council
PO Box 11646
Wellington 6142

Telephone: 04 384 5708 Facsimile: 04 385 6960

Pursuant to section 134 (3) (Land Use Consents), 135 (Coastal Permits), 136 (Water Permits) and 137 (Discharge Permits) of the Resource Management Act 1991, the undersigned hereby applies to **transfer** a permit, in accordance with the details below:

Full name or company name of permit holder (BLOCK CAPITALS):

Postal address: _____

Telephone no's: Business: _____ Private: _____

Facsimile: _____

Name and address for service of documents (if different from above): _____

Full name or company name of new permit holder (BLOCK CAPITALS) [please give christian names for permit]:

Postal address: _____

Telephone no's: Business: _____ Private: _____

Facsimile: _____

Name and address for service of documents (if different from above): _____

Permit details

Permit no: _____

Permit type: _____

Describe any proposed change in the activity: _____

Signature (current permit holder): _____ Date: _____

Signature (new permit holder): _____ Date: _____