



Transfer of land use consent

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 of the Resource Management Act 1991, the undersigned hereby applies to **transfer** a consent, in accordance with the details below:

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

Postal address: _____

Telephone no's: Business: _____ Private: _____

Facsimile: _____

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

Consent details

Consent no: _____

Consent type: _____

Describe any proposed change in the activity: _____

Signature (current consent holder): _____ Date: _____

Signature (new consent holder): _____ Date: _____