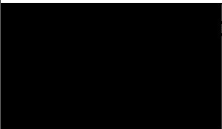
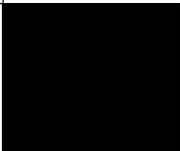
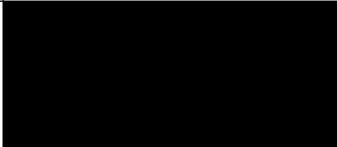


Name of Submitter:

Kelly Melia

[Full Name]

- ☐ I wish to be heard in support of my submission
- ☒ I do not wish to be heard in support of my submission
- ☒ If others make a similar submission, I will consider presenting a joint case with them at a hearing

Signature of submitter (or person authorised to sign on behalf of submitter): <i>k.melia</i>	Date: 23-Jun-2025
Address of Submitter: 	
Contact person: [name and designation, if applicable] Dr Kelly Melia	

Note to submitter:

You must serve a copy of your submission on the applicant as soon as reasonably practicable after you have served your submission on the consent authority.

The information you have provided on this form is required so that your submission can be processed under the RMA, and your name and address will be publicly available. The information will be stored on a public register and held by the Council, and may also be made available to the public on the Council's website. In addition, any on-going communications between you and Council will be held at Council's offices and may also be accessed upon request by a third party. Access to this information is administered in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993. If you have any concerns about this, please discuss with a Council Planner prior to lodging your submission. If you would like to request access to, or correction of your details, please contact the Council.