FORM 13

SUBMISSION ON A PUBLICLY OR LIMITED NOTIFIED APPLICATION CONCERNING RESOURCE CONSENT

Section 96 Resource Management Act 1991
(Rotorua Lakes Council is the operating name of Rotorua District Council)

ROTORUA LAKES COUNCIL

To:	**Name of Submitter:**
Chief Executive Rotorua Lakes Council Private Bag RO3029 ROTORUA	Matthew James Evans *[Full Name]*

Received
25 JUN 2025
Rotorua Lakes Council
Customer Centre

This is a submission on an application from *[name of applicant]:*

Tikanga Aroro Charitable Trust (TACT)

for a Resource Consent to *[Briefly describe the type of consent, proposed activity, and location of the resource consent]*:

Resource Consent To Establish A Reintegration Facility

at *[The location of the resource consent]*:

473 Puaiti Road, Ngakuru, Rotorua.

The specific parts of the application that my submission relates to are *[Give Details]*:

473 Puaiti Road , Ngakuru, Rotorua is not a suitable site for the operation of a "Reintegration Facility".

My submission is *[include whether you **support or oppose** the specific parts of the application or wish to have them amended; and the reasons for your views]:*

OPPOSE.

please turn over for reasons: (page 3).

I seek the following decision from the consent authority *[Give precise details, including the general nature of any conditions sought]*:

Rotorua Lakes Council.... OPPOSE CONSENT.... LU24-010243

Reasons for oppose:

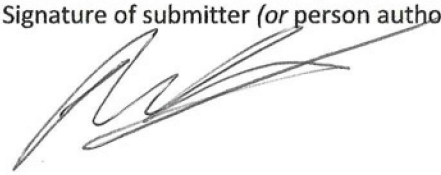
- I fear for the safety of my wife & young children.
- I fear that emergency ~~services~~ response will be ~~unable~~ unable to get to location in under an hour when there is an incident.
- I fear the land will suffer with the amount of people living there.
- I fear that crime in our community will increase.
- I fear for the mental wellbeing of myself and family and people of the community
- I think it would be suited better to a location close to town a, in town so that reintegration can be done more effectively.

M. Evans

☐ **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): 	Date: 23-Jun-2025
Address for service of Submitter: [redacted]	Telephone: [redacted]
Contact person: *[name and designation, if applicable]*	Fax/email: [redacted]

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.