HEARING APPEARANCE FORM

NoR - Te Tupu Ngātahi Supporting Growth Alliance - Pukekohe T

Hearing Date: Monday 11 to Thursday 14 March & Monday 18 to Thursday 21 March 2

Hearing Location: Stevenson Room Franklin: The Centre, 12 Massey Avenue Pukekohe,

RETURN FORM TO THE HEARINGS ADVISOR BY Midday, Friday 23 February 2024

Bevan Donovan
Hearings Advisor
Auckland Council
Democracy Services – Hearings Unit
Private Bag 92300
AUCKLAND 1142

Phone No:
021 325 837
Email:
bevan.donovan@aucklandcouncil.govt.nz

NAME:		
PHONE NO:		
AGENT'S NAME:		
AGENT'S PHONE NO:		
Do you intend to speak at the Hearing?	**Yes** ☐	**No** ☐
Time required to speak to your evidence	**hours**	**min**
Will you do a digital presentation?	**Yes** ☐	**No** ☐
Do you require a Te Reo Translator?	**Yes** ☐	**No** ☐
Do you require a New Zealand Sign Language interpreter?	**Yes** ☐	**No** ☐
Comments / Names of Witnesses to be called:		
Name of person completing form:	**Date:**	