

Road Naming Application Form

1. Applicant De	tails
Name	
Postal Address	
Email Address	
Contact Number	
	Phone Mobile
Are you applying on behalf of a group or organisation? Yes No - go to section 2	
If yes, please provide the name of the group or organisation	
2. Naming of a	oad
Is this a new road?	Yes - go to section 4 No - go to section 3
Resource consent application number	
Legal description	
Please attach a r	map showing the new road.
3. Renaming of	a road
Current name	of road
Location of roa	d
Please state reasons for requesting a road name change (attach extra pages if necessary). If known, please state history of the existing road name.	

Queen Street, P O Box 404, Te Kuiti 3941, NZ. Telephone 07-878 0800, Fax 07-878 7771, Email info@waitomo.govt.nz, Website www.waitomo.govt.nz

4. Proposed road name details
Type of road public road private road right-of-way
Proposed road name 1 and reason
Proposed road name 2 and reason
Proposed road name 3 and reason
Consultation with mana whenua and other stakeholders
The applicant is required to consult with mana whenua in the rohe in which the road is located to determine appropriate names and the order of preference prior to submitting the application. Please attach evidence of consultation and engagement (for example - meeting minutes), and state the date that iwi and mana whenua were initially contacted.
Note: The Council may seek its own direct feedback from mana whenua where it considers this appropriate especially where locations may have significant cultural importance to mana whenua.
5. Documents required
A map showing the proposed road name
Evidence of consultation with mana whenua, Te Nehenehenui and key stakeholders
Please refer to the Road Naming Policy prior to making the application - https://www.waitomo.govt.nz/council/publications/policy/
Signature
6. Office Use Only
Date application received
Receipt of application acknowledged email phone