

Monthly Return

The District Conservator
Gisborne District Council
PO Box 747
Gisborne 4040

I (name in full): _____

Address: _____

Occupation: _____

Certify that the figures show the correct quantities of material removed from:

Site: _____

In accordance with the provisions of consent number: _____

Signed: _____

Date: _____

Extraction Details

Month: _____ Year: _____

Volume Extracted: _____ cubic metres