



SELWYN DISTRICT COUNCIL
P O BOX 90
ROLLESTON 7643
Telephone: (03) 3472 800
Fax: (03) 3472 799

SELWYN DISTRICT COUNCIL STOCK DROVING BYLAW 2008
Application Form for One-Off Stock Droving Permit

Name of Applicant: _____

Address of Applicant: _____

Telephone No: _____ Facsimile No: _____

Date of Drove: ____/____/____

Start time: _____ AM / PM Estimated finish time: _____ AM / PM

Moving Stock from _____ to _____

List all roads that will be used: _____

Map of droving route attached: ☐

Name of Head Drover: _____ Telephone No: _____

_____ Cell Phone No: _____

Number of Stock: _____ Type of Stock: _____

Identification of Stock: _____ Bovine Tuberculosis Status: _____

Number of Drivers: _____ Number of Dogs: _____

Signed: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

Date application received: _____ Consent No: _____

Consent Approved / Declined Approved by: _____
(Name and Title)

Extra conditions determined by Council (in addition to the Stock Droving Bylaw 2008):
