## **RATEPAYER ELECTOR ENROLMENT FORM**

This form must be used for every application for enrolment as a ratepayer elector.



<ul> <li>INSTRUCTIONS</li> <li>Make sure you have a copy of a recent rates notice before you begin, you will need to refer to it where indicated*</li> </ul>				RATES		ls your name the ONLY name listed on the rates notice*? If yes, complete SECTION A below					
<ol> <li>Use the diagram to determine if you need to complete Section A (the green section OR Section B (the orange section).</li> </ol>				RAT			ls your name company/fir name listed	m/trus	st/socie rates	ety (etc) notice*?	
For assistanc	e phor	ne: <b>0800 666 049</b>					lf <b>yes</b> , comp	lete S	CTION	B overleaf	
Complete this form electronically at: M				www.electionz.com/ratepayers							
Scan and email the paper form to:				nrr@electionz.com							
Or, post the paper form to:				Ratepayer Elector Enrolments, PO Box 3138, Christchurch 8140							
SECTION A Your name is the ONLY name listed on your rates notice*											
A1 Please	print t	he full address of the	prop	erty you	pay ra	tes on a	as it appears o	on your	rates	notice.*	
Flat/House or F	Rapid nu	mber (if rural address):									
Street/Road na	me:										
Suburb:					Town/0	City:					
Valuation refer	ence nui	mber as it appears on the	rates	notice*:							
		our full name and the			-		-	-		ntary elector.	
A2 Note: You can check these details by calling the Electoral Commission on 0800 36 76 56 or by visiting: https://enrol.elections.org.nz/app/enrol/#/check											
Your full name:	:										
Flat/House or F	Rapid nu	mber (if rural address):									
Street/Road nar	ne:										
Suburb:			Towr	n/City:				Postco	de:		
A3 If your	postal	address is different t	o the	e address	in <b>A2</b> p	lease p	provide it here	<b>.</b>	1		
Flat/House or F	Rapid nu	mber (if rural address):				PO Box	/Private Bag nur	nber:			
Street/Road nar	ne:										
Suburb:			Towr	n/City:				Postco	de:		
A4 Are you details	u enrol here.	led as a ratepayer ele	ector	for any o	ther pr	operty	? If yes, please	e provi	de tho	se property	
Full address of property/properties (continue on a sep							City or district council to which the application or nomination has been made:				
A5 Please sign/date and provide contact details. We will only contact you if we have any queries relating to this enrolment.											
<ul> <li>By signing this enrolment form I declare that:</li> <li>I am a parliamentary elector on the: general roll / Māori roll (tick one);</li> <li>I am the only person named as owner in the district valuation roll and only my name is listed on the rates account for the property listed in A1;</li> <li>I have not enrolled as a ratepayer elector for any other property OR if I am enrolled, I have provided those details in A4; and</li> <li>The details given on this form are true and complete.</li> </ul>											
Signed:						Date:					
Email:						Phone	number:				

## **SECTION B** More than one name or a company/firm/trust/society (etc) name is listed on your rates notice\*

*IMPORTANT: PLEASE READ BEFORE COMPLETING THIS FORM.* One of the persons named **OR** a representative of the company/firm/trust/ society (etc) named on the rates notice, must nominate (the nominator) a person to act as nominee (voter) on behalf of all parties listed on the rates notice. This form must be signed by both the nominator and the nominee. The nominator and nominee can be the same person.

<b>B1</b>	Please	print t	he full address of the	e property you	pay rat	tes on a	as it appears o	n your rate	s notice.*	
Flat/H	ouse or F	Rapid nu	mber (if rural address):							
Street	/Road nar	ne:								
Subur	b:				Town/C	City:				
Valuat	ion refere	ence num	ber as it appears on the	rates notice*:						
<b>B2</b> Please print <b>ALL</b> of the persons named <b>OR</b> the company/firm/trust/society (etc) name, as it is shown on the rates notice*.										
<ul> <li>Please print the name and residential address of the person who is being nominated to vote (the nominee) on behalf of those listed at B2.</li> <li>Note: These details should match the parliamentary electoral roll. You can check these details are correct by calling the Electoral Commission on 0800 36 76 56 or by visiting https://enrol.elections.org.nz/app/enrol/#/check</li> </ul>										
Nomi	nee's full	name:								
Flat/H	ouse or F	Rapid nu	mber (if rural address):		PO Box/Private Bag nur			nber:		
Street	/Road nar	ne:								
Subur	b:			Town/City:				Postcode:		
<b>B4</b>	If the n	omine	e's postal address is	different to th	e addre	ess in B	<b>3</b> please provi	de it here.		
Flat/H	ouse or F	Rapid nu	mber (if rural address):							
Street	/Road nar	ne:								
Subur	b:			Town/City:				Postcode:		
B5	ls the r proper	nomine ty deta	e enrolled as a ratep ils here.	ayer elector fo	or any c	other p	roperty? If yes	, please pro	vide those	
Full address of property/properties (continue on a separate sheet i				if necesso	f necessary): City or district council to which the application has been made:					
<b>B6</b>	Details	of all o	ther properties for wi	nich other nom	ination	s have	been made by t	he ratepaye:	r(s) listed in <b>B2</b>	
Full address of property/properties (continue on a separate sheet					<i>if necessary</i> ): City or district of nomination ha			council to which the application or s been made:		
<b>B7</b> Please sign/date and provide contact details. We will only contact you if we have any queries relating to this enrolment.										
By signing this enrolment form I, as the nominator declare:• I am eligible to make this nomination on behalf of the names listed in B2. • The details given on this form are true and complete.										
Signe	d:					Date:				
Email:			Phone r		number:					
<ul> <li>I, as the nominee named in B3, consent to this nomination.</li> <li>I am a parliamentary elector on the: general roll / Māori roll (tick one);</li> <li>The details given on this form are true and complete.</li> </ul>										
Signe	Signed:					Date:				
Email						Phone	number:			

