RATEPAYER ELECTOR ENROLMENT FORM

WAIMATE DISTRICT COUNCIL

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

INSTRUCTIONS

- 1 Make sure you have a copy of a recent rates notice before you begin, you will need to refer to it where indicated*
- Use the diagram to determine if you need to complete Section A (the green section) OR Section B (the orange section).

For assistance phone: 0800 666 049



Is your name the ONLY name listed on the rates notice*? If yes, complete SECTION A below

RATES	
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Is your name AND others OR a company/firm/trust/society (etc) name listed on the rates notice*? If yes, complete SECTION B overleaf

Complete	this form	www.electionz.com/ratepayers							
Scan and email the paper form to:			nrr@electionz.com						
Or, post the paper form to:			Ratepayer E	Ratepayer Elector Enrolments, PO Box 3138, Christchurch 8140					
SECTION A Your name is the ONLY name listed on your rates notice*									
A1 Please print the full address of the property you pay rates on as it appears on your rates notice.*									
Flat/House o	r Rapid nu	mber (if rural address):							
Street/Road	name:								
Suburb:				Town/0	City:				
Valuation ref	erence nu	mber as it appears on the	e rates notice*:						
 Please print your full name and the address where you are currently enrolled as a parliamentary elector. 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 nan	ne:								
Flat/House or Rapid number (if rural address):									
Street/Road r	ame:								
Suburb:			Town/City:				Postco	de:	
A3 If your postal address is different to the address in A2 please provide it here.									
Flat/House o	r Rapid nu	mber (if rural address):			PO Box	k/Private Bag nur	nber:		
Street/Road r	ame:								
Suburb:			Town/City:				Postco	de:	
A4 Are you enrolled as a ratepayer elector for any other property? If yes, please provide those property details here.									
Full address	Full address of property/properties (<i>continue on a separate sheet if necessary</i>): City or district council to which the application nomination has been made:				e application or				
A5 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 declare that: I am a parliamentary elector on the: general roll / māori roll (tick one); 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; 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 The details given on this form are true and complete. 									
Signed:					Date:		1		
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.

B1	Please	print tl	he full address of the	e property you	pay rat	tes on a	as it appears o	on your rates i	notice.*	
Flat/Ho	use or R	apid nui	mber (if rural address):							
Street/R	Road nan	ne:								
Suburb	:				Town/C	City:				
Valuatio	on refere	nce num	ber as it appears on the	rates notice*:						
B2	Please rates no	print Al otice*.	LL of the persons nam	ed OR the com	pany/fi	rm/trus	st/society (etc)	name, as it is	shown on the	
 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. 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 										
Nomine	ee's full r	name:								
Flat/Ho	use or R	apid nui	mber (if rural address):			PO Box	/Private Bag nur	nber:		
Street/R	Road nan	ne:						i		
Suburb	:			Town/City:				Postcode:		
B4	lf the n	omine	e's postal address is	different to th	e addre	ess in B	3 please provi	de it here.		
Flat/Ho	use or R	apid nu	mber (if rural address):							
Street/R	Road nan	ne:								
Suburb	:			Town/City:				Postcode:		
B5	ls the n proper	iomine ty deta	e enrolled as a ratep ils here.	ayer elector fo	or any c	other p	roperty? If yes	s, please provi	de those	
Full address of property/properties (<i>continue on a separate sheet if necessary</i>):				ary):	City or district council to which the application or nomination has been made:					
B6	Details	of all o	ther properties for wh	nich other nom	ination	s have l	peen made by t	the ratepayer(s) listed in B2	
Full add	Full address of property/properties (continue on a separate sheet if necessary):					ary):	City or district council to which the application or nomination has been made:			
B7 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.						B2 .				
Signed	:					Date:				
Email:						Phone	number:			
I, as the nominee named in B3, consent to this nomination.• I am a parliamentary elector on the: general roll / māori roll (tick one); • The details given on this form are true and complete.						ítick one);				
Signed	:					Date:				
Email:						Phone	number:			
					1					