## **RATEPAYER ELECTOR ENROLMENT FORM**

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

Email:





enroiment as a	ratepa	yer 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				
<ul> <li>2 Use the diagram to determine if you need to complete Section A (the green section OR Section B (the orange section)).</li> <li>For assistance phone: 0800 666 049</li> </ul>				RAT	<b>Y</b>		ls your nam company/fir name listed lf <b>yes</b> , comp	rm/trus on the	t/soci rates	ety (etc) notice*?
Complete this form electronically at:				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						
<b>SECTION A</b> Your name is the <b>ONLY</b> 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 or l	Rapid nu	mber (if rural address):								
Street/Road na	ime:									
Suburb:					Town/	'City:				
Valuation refer	ence nui	mber as it appears on the	rates	notice*:						
<ul> <li>Please print your full name and the address where you are currently enrolled as a parliamentary elector.</li> <li>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</li> </ul>										
Your full name	:									
Flat/House or l	Rapid nu	mber (if rural address):								
Street/Road na	me:									
Suburb:	urb: T		Towr	Town/City:			Postcode:			
A3 If your	postal	address is different t	o the	address	in <b>A2</b>	please <sub>l</sub>	provide it here	е.		
Flat/House or I	Rapid nu	mber (if rural address):				PO Box	<td>mber:</td> <td></td> <td></td>	mber:		
Street/Road na	me:									
Suburb:			Towr	n/City:				Postcoo	de:	
A4 Are yo details	u enrol s here.	led as a ratepayer ele	ector	for any o	ther p	roperty	? If yes, pleas	e provio	de tho	se property
Full address of property/properties (continue on a				a separate sheet if necessary):			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:				

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 t	he full address of	f the	property you	pay ra	tes on a	as it appears o	on your rate	s notice.*
Flat/H	ouse or R	apid nu	mber (if rural addre	ss):						
Street	'Road nar	ne:								
Subur	b:					Town/0	City:			
Valuat	ion refere	ence num	nber as it appears on	the <b>r</b>	ates 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>										
Nomir	nee's full	name:								
Flat/H	Flat/House or Rapid number (if rural address): PO Box/Priv					<pre>‹/Private Bag nur</pre>	nber:			
Street	'Road nar	ne:								
Subur	b:				Town/City:				Postcode:	
<b>B4</b>	If the n	omine	e's postal addres	s is c	different to th	e addre	ess in <b>B</b>	<b>3</b> please provi	ide it here.	
Flat/H	ouse or R	apid nu	mber (if rural addre	ss):						
Street	'Road nar	ne:							1	
Subur	b:				Town/City:				Postcode:	
<b>B5</b>	Is the r proper	nomine ty deta	e enrolled as a ra ils here.	atep	ayer elector f	or any o	other p	roperty? If yes	s, please pro	vide those
Full address of property/properties (continue on a separate sheet if n					if necess	<i>ecessary)</i> : City or district council to which the applicatio nomination has been made:				
<b>B6</b>	Details	of all o	ther properties fo	r wh	ich other nom	ination	s have l	been made by	the ratepaye	r(s) listed in <b>B2</b>
Full ac	ull address of property/properties ( <i>continue on a separate sheet if necessary</i> ): City or district conomination has						ouncil to which the application or 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 sig as the	<ul> <li>y signing this enrolment form I,</li> <li>the nominator declare:</li> <li>I am eligible to make this nomination on behalf of the names listed in B2.</li> <li>The details given on this form are true and complete.</li> </ul>									
Signe	d:						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.								l (tick one);		
Signe	d:						Date:			
Email:							Phone	number:		