## **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>					E5		ls your name the <b>C</b> on the rates notice If <b>yes</b> , complete <b>S</b>	e*?	_
<ul> <li>2 Use the diagram to determine if you nee to complete Section A (the green section OR Section B (the orange section).</li> <li>For assistance phone: 0800 666 049</li> </ul>				RAT	45 E5		ls your name AND company/firm/tru name listed on the lf yes, complete S	st/soci e rates	ety (etc) notice*?
Complete th	nis forn	n electronically at:	ww	www.electionz.com/ratepayers					
Scan and en	nail the	e 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 th	ne full address of the	prop	erty you	pay rate	es on	as it appears on you	r rates	notice.*
Flat/House or R	Rapid nur	mber (if rural address):							
Street/Road na	me:								
Suburb:					Town/Cit	: ty:			
Valuation refere	ence nun	nber as it appears on the	rates	notice*:			·		
A2 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 name:									
Flat/House or R	Rapid nur	mber (if rural address):							
Street/Road nar	me:								
Suburb:			Towr	n/City:			Postco	ode:	
A3 If your	postal	address is different t	o the	address	in <mark>A2</mark> pl	ease	provide it here.		
Flat/House or R	Rapid nur	mber (if rural address):		PO Box/			<pre></pre>		
Street/Road nar	ne:								
Suburb:			Towr	n/City:			Postco	ode:	
A4 Are you details	u enroll here.	ed as a ratepayer ele	ector	for any o	other pro	perty	/? If yes, please prov	ide tho	se property
Full address of property/properties (continue on a sep				parate sheet if necessary):			City or district council to which the application or nomination has been made:		
A5 Please sign/date and provide contact details.									
vve will o	-	ent		-				tick one	
<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:					1	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 name:									
Subur	b:				Town/C	City:			
Valuat	ion refere	ence num	ber as it appears on the	rates notice*:					
<b>B2</b>	B2 Please print ALL of the persons named OR the company/firm/trust/society (etc) name, as it is shown on the rates notice*.							s shown on the	
<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	Flat/House or Rapid number (if rural address):				PO Box/Private Bag nur			nber:	
Street	/Road nar	ne:							
Subur	b:			Town/City:				Postcode:	
<b>B4</b>	<b>B4</b> If the nominee's postal address is different to the address in <b>B3</b> please provide 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 a				<i>if necessary</i> ): City or district council to which the application nomination has been made:				the application or	
<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 ad	Full address of property/properties (continue on a separate sheet i				<i>if necessary</i> ): City or district council to which the applic nomination has been made:			the application or	
<b>B7</b> Please sign/date and provide contact details. We will only contact you if we have any queries relating to this enrolment.									
<b>By signing this enrolment form I,</b> as the nominator declare: • I am eligible to make this nomination on behalf of the names listed in <b>B2</b> . • The details given on this form are true and complete.									
Signe	d:					Date:			
Email:			Phone 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>						ll (tick one);			
Signe	d:					Date:			
Email						Phone	number:		



MANAWATŪ DISTRICT COUNCIL