

ENROLMENT FORM FOR RATEPAYER ELECTORS HUTT CITY COUNCIL

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

Instructions Is your name the ONLY name listed on **1** Make sure you have a copy of a recent **rates** the rates notice*? RATES notice before you begin, you will need to refer If yes, complete SECTION A below to it where indicated* 2 Use the diagram to determine if you need to is your name AND others OR a company/ complete Section A (the green section) OR firm/trust/society (etc) name listed on RATES **Section B** (the orange section). the rates notice*? DATES If yes, complete SECTION B overleaf For assistance phone: 0800 666 049 RETURN THIS FORM Scan and email to: Post to: (OR) IN ONE OF TWO WAYS: nrr@electionz.com Ratepayer Elector Enrolments, PO Box 3138, Christchurch 8140 SECTION A Your name is the only name listed on your rates notice* A) Please print the full address of the property you pay rates on as it appears on your rates notice.* Flat/House or Rapid number (if rural address): Street/Road name: Suburb: Town/City: Valuation reference number as it appears on the rates notice*: Please print your full name and the address where you are currently enrolled as a parliamentary 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 Rapid number (if rural address): Street/Road name: Suburb: Town/City: Postcode: (A3) If your postal address is different to the address in (A2) please provide it here. Flat/House or Rapid number (if rural address): PO Box/Private Bag number: Street/Road name: Suburb: Town/City: Postcode: A) Are you enrolled as a ratepayer elector for any other property? If yes, please provide those property details here. City or district council to which the Full address of property/properties (continue on a separate sheet if necessary): 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. 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: | |
|---------|---------------|--|
| 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) Please prin | t the full address of the prop | erty as it appea | rs on th | ne rates notice. | * | | | | | | |
| Flat/House or Rapi | d number (if rural address): | | | | | | | | | | |
| Street/Road name: | | | | | | | | | | | |
| Suburb: | | | ٦ | Town/City: | | | | | | | |
| Valuation reference | number as it appears on the rates | notice*: | | | | | | | | | |
| B2 Please print ALL of the persons named OR the company/firm/trust/society (etc) name, as it is shown on the rates notice*. | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Nominee's full nam | ne: | | | | | | | | | | |
| Flat/House or Rapi | d number (if rural address): | | | | | | | | | | |
| Street/Road name: | | | | | | | | | | | |
| Suburb: | | Town | /City: | _ | | | Postcode | : | | | |
| B4 If the nomi | nee's postal address is diffe | ent to the addre | ss in B | 3 please provid | le it he | re. | | | | | |
| Flat/House or Rapi | d number (if rural address): | | PO Box | <pre>⟨Private Bag num</pre> | ber: | | | | | | |
| Street/Road name: | | | | | | | | | | | |
| Suburb: | | Town | /City: | | | | Postcode | : | | | |
| B5 Is the nomination of the second | nee enrolled as a ratepayer el | ector for any othe | er prope | erty? If yes, plea | ase prov | vide those prope | rty details here | - | | | |
| Full address of property/properties (<i>continue on a separate sheet if nec</i> | | | | | | | ct council to which the r nomination has been made: | | | | |
| | | | | | | | | | | | |
| B6 Details of a | ll other properties for which o | ther nominations | have be | een made by the | ratepa | yer(s) listed in B | 2. | | | | |
| Full address of property/properties (<i>continue on a separate sheet if nec</i> | | | | necessary): | | | City or district council to which the application or nomination has been made: | | | | |
| | | | | | | | | | | | |
| | // | | | | | | | | | | |
| | n/date and provide contact de | | - | | | | | diana | | | |
| This form must be signed by the nominator and nominee, where indicated. If they are the same person, they will need to sign both sections. By signing this enrolment form I, as the nominator declare: • I am eligible to make this nomination on behalf of the names listed in 12. | | | | | | | | | | | |
| | , us the holimate | | | given on this form | | | | | | | |
| 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. | | | | | | | | | | | |
| Signed: | | | | | I | Date: | | | | | |
| Email: | | | | | | Phone number: | | | | | |
| electionz.com (| Ì | | | | | | | TT CITY COUNCIL | | | |