RATEPAYER ELECTOR ENROLMENT FORM

MATAMATA PIAKO DISTRICT COUNCIL

INSTRUCTIONS

Email:

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



Ť	RATES	

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

1 Make sure you have a copy of a recent rates notice before you begin, you will need to refer to it where indicated*			RATES		on the rates notice*? If yes, complete SECTION A below					
2 Us to 0	se the di comple R Sectio	agram t te Secti n B (<mark>th</mark> o	where indicated* to determine if you nee on A (the green section). te: 0800 666 049	ion)	RATES		ls your name company/firn name listed o lf yes , comple	n/trust/soci n t <u>he rates</u>	ety (etc) <u>no</u> tice*?	
Com	plete th	nis forn	n electronically at:	www.elec	www.electionz.com/ratepayers					
Scan	and en	nail the	e paper form to:	nrr@electionz.com						
Or, p	ost the	paper	form to:	Ratepayer Elector Enrolments, PO Box 3138, Christchurch 8140						
SECT	TION A	Your	name is the ONL	Y name li	sted on	your r	ates notice*			
A1	Please	print t	he full address of the	property y	ou pay ra	ites on a	as it appears on	n your rates	notice.*	
Flat/H	ouse or F	Rapid nu	mber (if rural address):							
Street	/Road na	me:								
Subur	b:				Town/	City:				
Valua	tion refer	ence nur	nber as it appears on the	rates notice	e*:					
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 f	ull name	:								
Flat/H	ouse or F	Rapid nu	mber (if rural address):							
Street	/Road nar	me:								
Subur	b:			Town/City:			F	Postcode:		
A3	lf your	postal	address is different t	o the addr	ess in A2	please p	provide it here.			
Flat/H	ouse or F	Rapid nu	mber (if rural address):			PO Box	/Private Bag numl	ber:		
Street	/Road nar	ne:								
Subur	b:			Town/City:			F	Postcode:		
A4	Are yo details	u enrol here.	led as a ratepayer ele	ector for an	y other p	roperty	? If yes, please	provide 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 enrolme		ate and provide conta	ict details. I	Ne will only	contact y	ou if we have any q	ueries relating	<i>to this</i>	
form	 By signing this enrolment form I declare that: I am a parliamentary elector on the: general roll / maori 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. 									
Signe	d:					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 the full address of the property you pay rates on as it appears on your rates notice.*										
Flat/H	ouse or R	apid nu	mber (if rural address):							
Street	Street/Road name:									
Suburb:			Town/C	City:						
Valuat	ion refere	ence num	nber as it appears on the	rates notice*:						
B2	Please rates n	print <mark>A</mark> l otice*.	LL of the persons nam	ned OR the com	pany/fi	rm/trus	st/society (etc)	name, as it is	shown on the	
B3	 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 									
Nomir	nee's full i	name:								
Flat/H	ouse or R	apid nu	mber (if rural address):			PO Box	/Private Bag nur	nber:		
Street	'Road nar	ne:								
Subur	b:			Town/City:				Postcode:		
B4	If the n	omine	e's postal address is	different to th	e addre	ess in B	3 please prov i	de it here.		
Flat/H	ouse or R	lapid nu	mber (if rural address):							
Street	'Road nar	ne:								
Subur	b:			Town/City:				Postcode:		
B5	Is the r	nomine 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 i</i>				if necesso	<i>f necessary</i>): City or district council to which the application of nomination has been made:					
B6	Details	of all o	ther properties for w	hich other nom	ination	s have l		•••		
Full ac	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:			
	Diago	cian/d	to and provide cont	act dotails						
B7 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	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	one 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.						(tick one);				
Signe	d:					Date:				
Email:						Phone	number:			
					1					