



COUNCIL PLEBISCITE

scrutineer appointment and declaration form

Please use BLOCK LETTERS when completing this form

To the Returning Officer conducting the plebiscite for _____
(Council name)

EITHER

We, being at least ten voters entitled to vote in the plebiscite who intend to vote "Yes" or "No", (delete one) appoint the person named below as our Scrutineer.

Full Name	Address	Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

OR

I, being a person authorised by the above named Council, appoint the person named below as a Scrutineer.

Name:	Given Name(s)	Family Name/Surname
Title/position:		
Contact details:	Email address	Postal address
	Phone	Fax
Representative's signature:	DATE / /2007	
Scrutineer details		

and Declaration

Name: Contact details:	Given Name(s)		Family Name/Surname	
	Email address			
	Postal address			
	Phone		Fax	

I, the Scrutineer named above, declare that:

- I am qualified to be a Scrutineer
- I agree to act as a Scrutineer.
- I will comply with reasonable requests from the Returning Officer during the count.

SCRUTINEER'S
SIGNATURE

	DATE	/	/2007
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