

## INITIATIVE PETITION OPPONENT APPLICATION - INDIVIDUAL

PLEASE PRINT IN BLOCK LETTERS OR TYPE

TITLE OF INITIATIVE				
FULL NAME OF APPLICANT				
ADDRESS			EMAIL	
CITY / TOWN		POSTAL CODE	PHONE NO.	FAX NO.
COMMUNICATIONS ADDRESS. (IF DI	FEERENT FROM ADDRESS ABOV/EV	*	EMAIL	
COMMUNICATIONS ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE) *				
CITY / TOWN		POSTAL CODE	PHONE NO.	FAX NO.
* Any notice required or authori deemed to be given if it is deli NAME OF INDIVIDUAL PROPOSED T	vered to this address.	A completed / Chief Electora	I Office for this app application brochu	ncial Agent must be filed with the lication to be complete. re for more details about the
I oppose the above-named initia	ative. I am not disqualified from	m registering as an op	ponent under the F	Recall and Initiative Act.
SIGNATURE OF APPLICANT				
DATE: (YYYY / MM / DD)				
This application must be filed wi published in the Gazette. This f		-	e notice of approva	I in principle for the petition is
<b>WARNING:</b> Signing a false statement is a se	erious offence and is subject to	o significant penalties	[section 162 of the	Recall and Initiative Act].
	CHIEF ELEC	TORAL OFFICE USE O	NLY	
PETITION NUMBER	APPLICATION REC'D (YYYY / MM	/ DD) ACCEPTED/REJE	CTED (YYYY/MM/DI	D) OPPONENT NUMBER

REASON REJECTED				
PETITION NUMBER	APPLICATION REC'D (YYYY / MM / DD)	ACCEPTED/REJECTED (YYYY / MM / DD)	OPPONENT NUMBER	

## SEND TO: Chief Electoral Officer, Elections BC

Mailing Address: PO Box 9275 Stn Prov Govt, Victoria B.C. V8W 9J6 Location: 333 Quebec Street, Victoria Phone: (250) 387-5305 or Toll-free 1-800-661-8683 / TTY 1-888-456-5448 Fax: (250) 387-3578 or Toll-free Fax: 1-866-466-0665 Email: electionsbc@elections.bc.ca Website: http://www.elections.bc.ca