

# INITIATIVE PETITION OPPONENT APPLICATION - INDIVIDUAL

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

TITLE OF INITIATIVE			
FULL NAME OF APPLICANT			
ADDRESS			EMAIL
CITY/TOWN	PROVINCE	POSTAL CODE	PHONE
COMMUNICATIONS ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE) *			EMAIL
CITY/TOWN	PROVINCE	POSTAL CODE	PHONE
FAX			FAX

\* Any notice required or authorized under the *Recall and Initiative Act* is deemed to be given if it is delivered to this address.

NAME OF INDIVIDUAL PROPOSED TO ACT AS FINANCIAL AGENT	<p>A completed Application for Financial Agent must be filed with the Chief Electoral Office for this application to be complete.</p> <p>See opponent application brochure for more details about the application process.</p>
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I oppose the above-named initiative. I am not disqualified from registering as an opponent under the *Recall and Initiative Act*.

SIGNATURE OF APPLICANT
DATE: (YYYY/MM/DD)

This application must be filed with the Chief Electoral Officer within 30 days after the notice of approval in principle for the petition is published in the Gazette.

**WARNING:**  
Signing a false statement is a serious offence and is subject to significant penalties [section 162 of the *Recall and Initiative Act*].

CHIEF ELECTORAL OFFICE USE ONLY			
PETITION NUMBER	APPLICATION REC'D (YYYY/MM/DD)	ACCEPTED/REJECTED (YYYY/MM/DD)	OPPONENT NUMBER
REASON REJECTED			