

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
<p>* Any notice required or authorized under the <i>Recall and Initiative Act</i> is deemed to be given if it is delivered to this address.</p>			FAX
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. See opponent application brochure for more details about the application process.</p>	
<p>I oppose the above-named initiative. I am not disqualified from registering as an opponent under the <i>Recall and Initiative Act</i>.</p>			
SIGNATURE OF APPLICANT			
DATE: (YYYY/MM/DD)			
<p>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.</p>			
<p>WARNING: Signing a false statement is a serious offence and is subject to significant penalties [section 162 of the <i>Recall and Initiative Act</i>].</p>			

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