



MONSU Caulfield Inc.

2017 ANNUAL ELECTIONS

Monday 18 September - Wednesday 20 September 2017

APPOINTMENT OF SCRUTINEER FORM

PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY

I, the undersigned candidate, appoint the person listed below to act as my scrutineer:

CANDIDATE DETAILS			
First Name:		Last Name:	
Student ID:		Email Address:	
Mobile Phone Number:			
Position:			
Signature:			

SCRUTINEER DETAILS			
First Name:		Last Name:	
Mobile Phone Number:			

I, the above listed scrutineer, acknowledge that:

- I must not touch any ballot papers or other election equipment or material;
- I must not consume alcohol in the count room;
- I am required to observe and follow provisions in the Election Regulations that relate to my role as a scrutineer, as well as any directions given to me by the Returning Officer or other election staff; and
- failure to comply with these requirements may result my exclusion from the count room at the absolute discretion of the Returning Officer.

Scrutineer Signature:	
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Office Use Only		
Date Received:	Time Received:	Received By: