

NOMINATION FORM

Residents' Representative on the Wellington Air Noise Management Committee

Name of Nominee: _____

Address of Nominee: _____

Phone of Nominee: _____

Email of Nominee: _____

Residents' Representative Nominee ☐ Air Noise Boundary West
for (select one area only): ☐ Air Noise Boundary East
(You must be a resident of the selected area to ☐ Wider Airport Area
nominate a representative)

Candidate Profile Statement

Please provide details below of your skills and experience and indicate why you wish to be a Residents' Representative on the Committee (*no more than 200 words (max)*).

This statement will be included with voting documents.

Nominated by: _____
Phone: _____
Email: _____

I confirm I have gained the nominee's written consent for their name and details to go forward. **Please attach a copy of the written consent provided.**

Signed: _____
Date: _____

Please return nomination form to:

Email to:
noiseteam@wcc.govt.nz with the email **subject line:**
Residents' Representative Nomination Wellington Air Noise Management Committee

Or

Delivery to:
Wellington City Council 113 The Terrace (Level 16 Reception)

Or

Post to:
Returning Officer 'Residents' Representative Nomination
Wellington Air Noise Management Committee
PO Box 2199
Wellington 6140

Nominations close and must be received by:
Monday 21st July 2025 (17.00hrs / 5.00pm).

**Please note that this nomination will be invalid
unless this form has been completed in full, is legible and has all required
supporting information**