

APPLICATION FOR REMOVAL OF ANOTHER'S NAME FROM VOTERS' LIST

Municipal Elections Act, 1996 (s. 25)

Application to Amend Voters' List Municipal Elections Act, 1996 (s.17, s.24, s.25) Form EL15

- Check only one add applicant's name to list
 correct applicant's information on list
 delete applicant's or family member's name from list (deceased moved other)

Name of applicant		date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			year	month	day						
last			first			middle					

Qualifying address on voting day	<input type="checkbox"/> commercial property	At qualifying address, applicant is:					
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> owner <i>since</i> _____	<input type="checkbox"/> tenant <i>since</i> _____				
street number & name	apt. #	<input type="checkbox"/> other <i>since</i> _____	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p. date _____				
city	postal code	<input type="checkbox"/> unqualified (deleted name only)					
		(if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)					
		roll number	ward number	voting subdiv.			

Previous qualifying address (if applicable)		At previous address, applicant was:					
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> owner	<input type="checkbox"/> tenant				
street number & name	apt. #	<input type="checkbox"/> other	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p.				
city	postal code	(if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)					
		roll number	ward number	voting subdiv.			

Current mailing address of applicant (if different than Qualifying address above)	At mailing address, applicant is:		
<input type="text"/>	<input type="checkbox"/> owner	<input type="checkbox"/> tenant	
street number & name	apt. / unit #	<input type="checkbox"/> other	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p.
city	postal code	s.s.p. = same sex partner	

School Support

- Applicant is Roman Catholic (includes Greek & Ukrainian Catholics)
 Applicant has French Language Education Rights

Applicant wishes to be an elector for the following school board

- English-Public (anyone can support English-public)
 English-Separate (must be Roman Catholic)
 French-Public (must have French Language Education Rights)
 French-Separate (must be Roman Catholic & have French Language Education Rights)

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) on or before Voting Day, and that on Voting Day, I am entitled to be an elector in accordance with the facts or information submitted on this form, and that I understand the effect thereof. I hereby apply to have my name included or amendments made on the Voters' List in accordance with such facts or information.

signature of applicant

date

This information is collected under authority of s.17, s.24 and s.25 of the Municipal Elections Act and s.15 and s.16 of the Assessment Act and will be used to determine voter eligibility.

Certificate of Approval (to be completed by Clerk or designate)	<input type="checkbox"/> Refused (state reason)
<input type="checkbox"/> Approved	
I hereby certify that the Voters' List for said voting subdivision in this municipality shall be amended in accordance with the statement of facts or information contained herein.	_____

_____	_____
signature of clerk or designate	date