



# Application to Amend Voters' List

S. 17, 24 and 25 of the Municipal Elections Act, 1996

Add applicant's name to List

Correct applicant's information on List – info to be corrected \_\_\_\_\_

Remove applicant's or family member's name from list ( deceased moved other)

If deceased, state relationship to deceased: \_\_\_\_\_

<b>Name:</b>			
	Last or Single Name	First	Middle
<b>Date of Birth:</b>	Year      Month      Day	<b>Citizenship:</b>	

<b>Qualifying address on Voting Day:</b>				<input type="checkbox"/> Commercial property	At qualifying address, applicant is:  Owner Tenant Other Spouse
Street Number & Name	Apt. #	Roll #	Ward/Poll		
City	Postal Code	(If house, indicate floor level (basement, 1 <sup>st</sup> floor, etc.))			

<b>Previous qualifying address (if applicable):</b>				At previous address, applicant is:  Owner Tenant Other Spouse
Street Number & Name	Apt. #	Roll #	Ward/Poll	
City	Postal Code	If house, indicate floor level (basement, 1 <sup>st</sup> floor, etc.)		

<b>Current mailing address (if different than qualifying address above):</b>				At mailing address, applicant is:  Owner Tenant Other Spouse
Street Number & Name	Apt. #	City	Postal Code	

<b>School support:</b>  Applicant is Roman Catholic (includes Greek and Ukrainian Orthodox) Applicant has French Language Education Rights	<b>Applicant wishes to be an elector for the following school board:</b>  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 and have French Language Education Rights)
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## Declaration of Applicant

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) years 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 above, and that I understand the effect thereof. I hereby apply to have the Voters' List amended based on the above information; **OR,**

I hereby declare that the person named above as entered on the Voters' List for the Township of Brock is deceased and hereby apply to have the above named person removed from the Voters' List.

Signature of applicant

Date

## Certificate of approval (to be completed by Clerk or designate):

☐ Approved

☐ Refused (Explanation):

I hereby certify that the Voters' List for the Township of Brock shall be amended in accordance with the above statement of facts or information.

Signature of Clerk or designate

Date