

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	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">year</td> <td style="font-size: 8px;">month</td> <td style="font-size: 8px;">day</td> <td colspan="7"></td> </tr> </table>											year	month	day							
year	month	day																					
last	first	middle																					

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

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

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

- 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		_____	