

THE CORPORATION OF THE UNITED TOWNSHIPS OF HEAD, CLARA & MARIA
ELECTIONS 2010



APPLICATION TO AMEND VOTER'S LIST *†EL15

Municipal Elections Act, 1996 (s.24)

- This is an Application for Addition of Applicant's Name To Voters' List
 (check one only) Correction of Applicant's Information on
 Voter's list including ward and/or voting
 subdivision
 Deletion Of Applicant's Own Name From
 Voters' List (moved other)

Municipality The United Townships of Head, Clara & Maria	Assessment Roll Number (to be completed by Clerk)	
Ward No. (if any)	Voting Subdivision (if any)	
Surname of Applicant	Given Names	
Full Address of Residence	Apt. No.	Postal Code
Mailing Address (if different)	Apt. No.	Postal Code

Are you a resident of this Municipality? Yes No
 If you answered no, what is your qualifying address in the Municipality?

Please check one of the following elector status' Owner Tenant
 Spouse of an Owner or Tenant Other
 Are you a Roman Catholic? Yes No
 If yes, do you wish to be a separate school elector Yes No
 Do you have French Language Rights? Yes No
 If yes, do you wish to be a French Language Elector Yes No
 If you moved from one voting subdivision to another, please indicate:
 Moved from Voting Subdivision No. _____

to Voting Subdivision No. _____

If this application is to amend information - state the necessary changes:

Declaration of Applicant

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen years on or before Election Day, and that during the qualification period for electors I was 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 my name included or the amendments made on the Voters' List in accordance with such facts or information.

or

I, the undersigned, hereby declare that I am the same person whose name appears on the Voters' List as described above and I hereby apply to have my name removed from the Voters' List.

(signature of applicant)

(date of application)

The Following To Be Completed By The Clerk Or Designate	
Certificate Of Approval I hereby certify the Voters' List for the said voting subdivision in this municipality shall be amended in accordance with the above statement of facts or information.	
_____ Municipal Clerk or designate	_____ Date Certified
<input type="checkbox"/> Indicate (X) if application refused - state reasons _____	Refused by - _____ Initials _____ Date