Municipality of Dysart et al
P.O. Box 389
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APPLICATION TO AMEND VOTERS' LIST

Municipal Elections Act, 1996 (s. 24)

FORM 14

THIS IS AN APPLICATION FOR *(please check appropriate box)*

☐ ADDITION OF APPLICANT'S NAME TO VOTERS' LIST

☐ AMEND INFORMATION ON VOTERS' LIST

Municipality: **Municipality of Dysart et al**	**Assessment Roll Number:** **Ward Number:** *(to be completed by Election Staff)* **46-24**

Last Name: **Legal First Name:** **Middle Name:**

Date of Birth: ***(day/month/year)*** **Gender:** *(male/female)*

Mailing Address:

_____
Street Number and Name

_____
Post Office Box No., Rural Route No. or Apt. No.

_____
City *Province* *Postal Code*

Qualifying Address of Property: ***(if different than mailing address)***

_____
(physical address of property – street number and street name)

Are you a Canadian Citizen? Yes ☐ No ☐

Are you a resident of this Municipality? Yes ☐ No ☐

Please check one of the following elector status:
Owner ☐ Spouse ☐ Same Sex Partner ☐ Tenant ☐ Boarder ☐

Do you have French Language Rights? Yes ☐ No ☐

If you answered Yes, do you wish to be a French Language Elector? Yes ☐ No ☐

Declaration of Application

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen years on or before voting 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.

_____ _____
(Signature of Applicant) (Date of Application)

THE FOLLOWING TO BE COMPLETED BY THE CLERK, DESIGNATE OR DEPUTY RETURNING OFFICER

CERTIFICATE OF APPROVAL

I hereby certify the voters' list for the said voting ward in this municipality shall be amended in accordance with the above statement of facts or information.

_____ _____
(Signature of Clerk, Designate, or Deputy Returning Officer) (Date Certified)

DATE VOTING KIT ISSUED _____

☐ Indicate "X" if application refused and state reasons
_____

Refused by
_____ _____
Initials Date