



## APPLICATION TO AMEND THE VOTERS' LIST

(check one box only)

- Addition of applicant's name to the Voters' List (Box A & Box B)  
 Amend applicant's information on the Voters' List (Box A & Box C)  
 Removal of applicant's name from the Voters' List (Box A)

### A - General Information

Ward	Assessment roll number (to be completed by the Clerk)		
Last Name	Given Name(s)		
Full address of residence	Apt.	Postal Code	Date of birth
<b>IF YOU ARE NOT A RESIDENT OF THIS MUNICIPALITY, WHAT IS YOUR QUALIFYING ADDRESS?</b>			
Qualifying address			Postal Code

### B - Addition of applicant's name to the Voters' List

Please check one of the following:

- Owner       Tenant       Spouse or an Owner or Tenant       Other:

**School Board Support: (The elector must be a resident of the Township of Alfred-Plantagenet)**

- 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)

### C - Amend applicant's information on the Voters' List

- Change School Board support (identify new selection in section B)     Change address     Other \_\_\_\_\_

Previous qualifying address:	Qualifying address on voting day:
Other from:	Other to:

#### DECLARATION OF THE 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 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 my name added, deleted or amendments made to the Voters' List in accordance with such facts or information.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**RETURN this application to:** Township of Alfred-Plantagenet, 205 Old Highway 17, Plantagenet, Ont. K0B 1L0

**MUST be returned IN PERSON or by an agent. PROOF OF QUALIFICATION will be requested.**

#### DECLARATION OF AGENT (if applicable)

**If this signed application is submitted by an agent of the applicant, the agent shall declare as follows:**

I hereby declare that the applicant has appointed me as her/his agent and on her/his behalf I file this application signed by her/him.

Name of Agent (print) \_\_\_\_\_

Signature of Agent \_\_\_\_\_

Address of Agent \_\_\_\_\_

Telephone No. \_\_\_\_\_

**NOTE: If this application is submitted by an agent, the Voter Information Letter will be mailed to the elector.**

This collection of personal information is made under the authority of s. 17, 24 & 25 of the Municipal Elections Act, 1996 and s. 15 & 16 of the Assessment Act. All information is confidential and will be utilized for the sole and express purpose of amending the Municipal Voters List in accordance with the information provided by the applicant. Inquiries about this collection should be directed to the Municipal Clerk.

#### FOR OFFICE USE ONLY

#### CERTIFICATE OF APPROVAL

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

Signature of Clerk or Election Official \_\_\_\_\_

Date \_\_\_\_\_

Check if application is refused and state reason

Refused by: \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_