



APPLICATION FOR REMOVAL OF ANOTHER'S NAME FROM VOTERS' LIST

Municipal Elections Act, 1996 (s. 25)

Surname of Applicant	Given Names	
Full Address of Residence	Apt No.	Postal Code

IN RESPECT OF

Name as Entered on Voters' List		
Full Address of Residence	Apt No.	Postal Code

ENTERED ON LIST FOR

Ward No. (if any)	Voting Subdivision No. (if any)	Assessment Roll Number (to be completed by Clerk)
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STATEMENT BY APPLICANT

I, the undersigned, hereby state:
 That I have good reason to believe that the person named above as entered on the Voters' List for the said voting subdivision in this municipality is deceased.

_____ (signature of applicant)

_____ (Date)

For internal use only

This application is <input type="checkbox"/> approved or <input type="checkbox"/> refused.	
Comments:	

Date	_____ (Clerk or Designate)