

Form EL15

Application to Amend Voters' List *Municipal Elections Act, 1996 (s.17, s.24)* **Form EL15**

- Check only one
- add** applicant's name to list
 - correct** applicant's information on list
 - delete** applicant's name from list (moved other)

year month day									
Name of applicant	date of birth	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
Last	First	middle							

Qualifying address on voting day	<input type="checkbox"/> commercial property	At qualifying address, applicant is:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">street number & name</td> <td style="width: 10%; border-bottom: 1px solid black;">apt. #</td> <td style="width: 20%; border-bottom: 1px solid black;">roll number</td> <td style="width: 10%; border-bottom: 1px solid black;">ward number</td> <td style="width: 10%; border-bottom: 1px solid black;">voting subdiv.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">city</td> <td style="border-bottom: 1px solid black;">postal code</td> <td colspan="3" style="border-bottom: 1px solid black;">(if house apartment, indicate floor level e.g. basement, 1st floor etc.)</td> </tr> </table>	street number & name	apt. #	roll number	ward number	voting subdiv.	city	postal code	(if house apartment, indicate floor level e.g. basement, 1 st floor etc.)			<input type="checkbox"/> owner <i>since</i> _____ <input type="checkbox"/> tenant <i>since</i> _____ <input type="checkbox"/> other <i>since</i> _____ date	<input type="checkbox"/> spouse _____ <input type="checkbox"/> unqualified(delete name only)
street number & name	apt. #	roll number	ward number	voting subdiv.								
city	postal code	(if house apartment, indicate floor level e.g. basement, 1 st floor etc.)										

Previous qualifying address (if applicable)		At qualifying address, applicant is:										
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street number & name	apt. #	roll number	ward number	voting subdiv.								
city	postal code	(if house apartment, indicate floor level e.g. basement, 1 st floor etc.)										

Current mailing address of applicant (if different than Qualifying address above)		At mailing address, applicant is:				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">street number & name</td> <td style="width: 10%; border-bottom: 1px solid black;">apt. /unit #</td> <td style="width: 20%; border-bottom: 1px solid black;">city</td> <td style="width: 30%; border-bottom: 1px solid black;">postal code</td> </tr> </table>	street number & name	apt. /unit #	city	postal code	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> other <input type="checkbox"/> spouse	
street number & name	apt. /unit #	city	postal code			

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 corrected 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)

Approved

I hereby certify that the Voter's 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 delegate

Date

Refused (state reason)

