

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

Municipal Elections Act, 1996 (s. 25)

## Application to Amend Voters' List Municipal Elections Act, 1996 (s.17, s.24, s.25) Form EL15

Check only one  add applicant's name to list  
 correct applicant's information on list  
 delete applicant's or family member's name from list (  deceased  moved  other)

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

<b>Qualifying address on voting day</b>	<input type="checkbox"/> commercial property	At qualifying address, applicant is:
		<input type="checkbox"/> owner <i>since</i> _____
street number & name	roll number	<input type="checkbox"/> tenant <i>since</i> _____
apt. #	ward number	<input type="checkbox"/> other <i>since</i> _____
city	voting number	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p. <small>date</small>
postal code	subdiv.	<input type="checkbox"/> unqualified (deleted name only)
<small>(if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)</small>		

<b>Previous qualifying address (if applicable)</b>	At previous address, applicant was:
	<input type="checkbox"/> owner
street number & name	<input type="checkbox"/> tenant
apt. #	<input type="checkbox"/> other
city	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p.
postal code	
<small>(if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)</small>	

<b>Current mailing address of applicant</b> <small>(if different than Qualifying address above)</small>	At mailing address, applicant is:
	<input type="checkbox"/> owner
street number & name	<input type="checkbox"/> tenant
apt. / unit #	<input type="checkbox"/> other
city	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p.
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 included or amendments made 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.

<b>Certificate of Approval</b> <small>(to be completed by Clerk or designate)</small>	<input type="checkbox"/> Refused <small>(state reason)</small>
<input type="checkbox"/> Approved	
I hereby certify that the Voters' 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 designate	date