

# Township of Uxbridge – 2015 Municipal By-Election

Form EL15

## Application to Amend Voters' List *Municipal Elections Act, 1996, as amended (s. 17, s. 24, s. 25)*

- Check only one
- add applicant's name to list
  - correct applicant's information on list – info to be corrected \_\_\_\_\_
  - delete applicant's or family member's name from list ( deceased  moved  other)
- If deceased, state relationship to deceased: \_\_\_\_\_

<b>Name of applicant</b>	date of birth	year	month	day
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
last	first	middle		

**Citizenship:**

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

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

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

### 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 (to be completed by Clerk or designate)</b>	<input type="checkbox"/> Refused (state reason)
<input type="checkbox"/> 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 designate	date