

Application to Amend the Voters' List

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 (yyyy/mm/dd) |
|                   |       |                            |
| Last              | First | Middle                     |

|                                  |             |                                              |                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|-------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Qualifying address on Voting Day |             | <input type="checkbox"/> commercial property | At qualifying address, applicant is<br><input type="checkbox"/> Owner <i>since</i> _____<br><input type="checkbox"/> Tenant <i>since</i> _____<br><input type="checkbox"/> Spouse <i>since</i> _____<br><input type="checkbox"/> Boarder* <i>since</i> _____ date<br><input type="checkbox"/> unqualified (deleted name only) |
| Street number and name           |             | Apt/unit #                                   |                                                                                                                                                                                                                                                                                                                               |
| Georgian Bluffs                  |             |                                              |                                                                                                                                                                                                                                                                                                                               |
| Municipality                     | Postal code | Assessment Roll Number                       |                                                                                                                                                                                                                                                                                                                               |
|                                  |             |                                              |                                                                                                                                                                                                                                                                                                                               |

|                                             |             |                                                                                                                                                                                                 |
|---------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Previous qualifying address (if applicable) |             | At previous qualifying address, applicant was                                                                                                                                                   |
|                                             |             | <input type="checkbox"/> Owner<br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Boarder*<br>*Boarder includes child of Owner, Tenant or Spouse |
| Street number and name                      |             | Apt/unit #                                                                                                                                                                                      |
| Municipality                                | Postal Code | Assessment Roll Number                                                                                                                                                                          |
|                                             |             |                                                                                                                                                                                                 |

Current mailing address of applicant (if different than qualifying address)

|                      |            |              |             |
|----------------------|------------|--------------|-------------|
| Street number & name | Apt/unit # | Municipality | 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 (applicant must be Roman Catholic)  
☐ French-Public (applicant must have French Language Education Rights)  
☐ French-Separate (applicant must be Roman Catholic and have French Language Education Rights)

Declaration

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 to the Voters' List in accordance with such facts or information.

|                        |      |
|------------------------|------|
| Signature of applicant | Date |
|------------------------|------|

|                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Certificate of Approval (to be completed by Clerk or designate)                                                                                                                                                                                                                                                                                                                           |                                                 |
| <input type="checkbox"/> Approved<br>I hereby certify that the Voters' List in this municipality shall be amended in accordance with the statement of facts or information contained herein.                                                                                                                                                                                              | <input type="checkbox"/> Refused (state reason) |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |
| Signature of Clerk or designate                                                                                                                                                                                                                                                                                                                                                           | date                                            |
| Information on this form is collected under the authority of Sections 17, 24 and 25 of the <i>Municipal Elections Act, 1996</i> , and Sections 15 and 16 of the <i>Assessment Act</i> , and will be used to determine voter eligibility. Questions about collection of this information should be directed to the Township Clerk at 177964 Grey Road 18, Georgian Bluffs, (519) 376-2729. |                                                 |