

Form EL15

Application to Amend the Voters' List

s.17, s.24, s.25, *Municipal Elections Act, 1996*

Completed forms must be submitted in person at the City Clerk's Office, a Revision Centre, any Voter Assistance Centre or Voting Location. **Please note that to make corrections to the List, the Applicant must present acceptable ID.**

Purpose of the Request

- Check only one: ☐ **Add** applicant's name to list
☐ **Update** applicant's information on list
☐ **Remove** applicant's name
☐ **Remove** a deceased person's name

Applicant Information

Last Name:	Middle Name:	First Name:
Date of Birth (yyyy/mm/dd):	Phone Number:	Email:

Individual Requesting Removal of a Deceased Person's Name

Full Name:	Phone Number:	Email:
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Qualifying Address of Applicant

Street Address:	Unit:	City: Pickering	Postal Code:
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At qualifying address, applicant is: ☐ owner ☐ tenant ☐ resident ☐ spouse of owner or tenant

If you have moved within Pickering in the last five years, please provide your previous address:

At previous address, applicant was: ☐ owner ☐ tenant ☐ resident ☐ spouse of owner or tenant

Current Mailing Address of Applicant (if different than qualifying address above)

Street Address:	Unit	City	Postal Code
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At mailing address, applicant is: ☐ owner ☐ tenant ☐ other ☐ spouse of owner or tenant

School Support of Applicant (check only one):

- ☐ English Public
☐ English Separate (Roman Catholic – includes Greek and Ukrainian Catholic)
☐ French Public (must have French Language Education Rights)
☐ French Separate (must be Roman Catholic and have French Language Education Rights)
☐ School Support does not apply (non-resident elector only)

Declaration

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of 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 the Voters' List amended based on the above information; OR,

I hereby declare that the person named above as entered on the Voters' List for the City of Pickering is deceased and hereby apply to have the above named person removed from the Voters' List.

Signature	Date (yyyy/mm/dd):
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FOR ELECTION OFFICIAL ONLY

☐ **Application Approved**

I hereby certify that the Voters' List in the City of Pickering shall be amended in accordance with the statement of facts or information contained herein.

☐ **Application Refused**

Explanation: _____

Name of Election Official:	Signature of Election Official:	Date (yyyy/mm/dd):