



PORT COLBORNE

Form EL15

Application to Amend Voters' List

(Municipal Election Act, 1996 s. 17, s. 24, s. 25)

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

Please confirm that you are a Canadian Citizen <input type="checkbox"/>		date of birth	<input type="text"/>						
Name of applicant (give former name if name change)									
last			first			middle			

Qualifying address on voting day <input type="checkbox"/> commercial property	roll #				At qualifying address, applicant is: <input type="checkbox"/> owner since _____ <input type="checkbox"/> tenant since _____ <input type="checkbox"/> spouse <input type="checkbox"/> unqualified (deleted name only) <input type="checkbox"/> resident <input type="checkbox"/> non resident at qualifying address
street # and name	apt #	ward	poll		
city	postal code	(if house apt, indicate floor)			

Previous qualifying address (if applicable)	roll #				At previous address, applicant was: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> other <input type="checkbox"/> spouse
street # and name	apt #	ward	poll		
city	postal code	(if house apt, indicate floor)			

Current mailing address of applicant (if different from qualifying address)	roll #				At previous address, applicant was: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> other <input type="checkbox"/> spouse
street # and name	apt #	ward	poll		
city	postal code	(if house apt, indicate floor)			

School Support
<input type="checkbox"/> Applicant is Roman Catholic (includes Greek Catholic and Ukrainian Catholic) <input type="checkbox"/> Applicant has French Language Education Rights (does not include French immersion nor French as a second language)

Applicant wishes to be an elector for the following school board:
<input type="checkbox"/> English Public (anyone can support) <input type="checkbox"/> French Public (must have French Language Education Rights) <input type="checkbox"/> English Separate (must be Roman Catholic) <input type="checkbox"/> French Separate (must be Roman Catholic and have French Language Education Rights)

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen years 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

Certificate of Approval (to be completed by Clerk or designate)	<input type="checkbox"/> Refused (state reason)
<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 statements of facts or information contained herein.	
_____ Signature of Clerk or designate	_____ Date