



**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)

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

<b>Qualifying address on voting day</b>		roll #		At qualifying address, applicant is:					
<input type="checkbox"/> commercial property				<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)					

<b>Previous qualifying address</b> (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)					

<b>Current mailing address of applicant</b> (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)					

<b>School Support</b>									
<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)									

<b>Applicant wishes to be an elector for the following school board:</b>									
<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)

Refused (state reason)

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