



APPLICATION TO AMEND VOTERS' LIST

Municipal Elections Act, 1996 (s. 24)

FORM 45

THIS IS AN APPLICATION FOR

- ADDITION OF APPLICANT'S NAME TO VOTERS' LIST
- AMEND INFORMATION ON VOTERS' LIST
- CHANGE WARD
- REPLACEMENT BALLOT

Municipality: <p style="text-align: center;">Town of Erin</p>		Assessment Roll Number: <small>(to be completed by the Clerk)</small>	
Ward Number:			
Surname of Applicant:		Given Names:	Date of Birth:
Full Address of Residence:		Apt. No.	Postal Code
Mailing Address (if different):		Apt. No.	Postal Code

Are you a resident of this Municipality? Yes No
 If you answered No, what is your qualifying address in the municipality? _____

Please check one of the following elector status.
 Owner Tenant Spouse of an Owner or Tenant Other

Are you Roman Catholic? Yes No

If you answered Yes, do you wish to be a separate school elector? Yes No

Do you have French Language Rights? Yes No

If you answered Yes, do you wish to be a French Language Elector? Yes No

If this application is to amend information - state the necessary changes:

Declaration of Application

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 during the qualification period for electors I was entitled to be an elector in accordance with the facts or information submitted above and that I understand the effect thereof. I hereby apply to have my name included or the amendments made on the voters' list in accordance with such facts or information.

If this application is for a replacement ballot

- * That I have not already voted for any office or in any ward in the election now being held in this municipality.
- * That a ballot was never received by me or if it was, it was for the incorrect ward
- * That should the original ballot be received by me, I will destroy same or return it to the election office.
- * I will not vote again in this municipality.
- * I acknowledge that I am only entitled to vote once in this municipality

_____ Dated at the Town of Erin this _____ day of _____ 2010
(Signature of Applicant)

THE FOLLOWING TO BE COMPLETED BY THE CLERK, DESIGNATE OR DEPUTY RETURNING OFFICER	
CERTIFICATE OF APPROVAL	
I hereby certify the voters' list for the said voting ward in this municipality shall be amended in accordance with the above statement of facts or information.	
(Signature of Clerk, Designate, or Deputy Returning Officer)	(Date Certified)
<input type="checkbox"/> Indicate "X" if application refused and state reasons	Refused by
_____	Initials _____ Date _____

It is against the law to vote more than once for any elected office or any question within the same municipality or school board jurisdiction