

Instructions

- To be completed by persons whose names appear on the voters' list and who do not present the prescribed proof of identity and residence.
- This application must be completed at the voting place.

Voting Place

Municipality _____

Ward Name or Number (if any) _____

Declaration

I, _____, hereby declare that I am

at

(Name of Elector)

(Address)

as shown on the voters' list, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before Deputy Returning Officer

in the _____

Date (yyyy/mm/dd) _____



Signature of Deputy Returning Officer

Signature of Person Requesting a Ballot

APPLICATION FOR REMOVAL OF ANOTHER'S NAME FROM VOTERS' LIST

Municipal Elections Act, 1996 (s. 25)

Application to Amend Voters' List Municipal Elections Act, 1996 (s.17, s.24, s.25) Form EL15

- 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
last		first	middle						

Qualifying address on voting day	<input type="checkbox"/> commercial property	At qualifying address, applicant is:		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> owner <i>since</i> <input type="text"/>	<input type="checkbox"/> tenant <i>since</i> <input type="text"/>	
street number & name	apt. #	<input type="checkbox"/> other <i>since</i> <input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p. <small>date</small>	
city	postal code	<input type="checkbox"/> unqualified (deleted name only)		
		(if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)		
		roll number	ward number	voting subdiv.

Previous qualifying address (if applicable)		At previous address, applicant was:		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> owner	<input type="checkbox"/> tenant	
street number & name	apt. #	<input type="checkbox"/> other	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p.	
city	postal code			
		(if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)		
		roll number	ward number	voting subdiv.

Current mailing address of applicant (if different than Qualifying address above)	At mailing address, applicant is:		
<input type="text"/>	<input type="checkbox"/> owner	<input type="checkbox"/> tenant	
street number & name	apt. / unit #	<input type="checkbox"/> other	<input type="checkbox"/> spouse <input type="checkbox"/> or s.s.p.
city	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 (must be Roman Catholic)
 French-Public (must have French Language Education Rights)
 French-Separate (must be Roman Catholic & have French Language Education Rights)

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

signature of applicant

date

This information is collected under authority of s.17, s.24 and s.25 of the Municipal Elections Act and s.15 and s.16 of the Assessment Act and will be used to determine voter eligibility.

Certificate of Approval (to be completed by Clerk or designate)

Approved

I hereby certify that the Voters' List for said voting subdivision in this municipality shall be amended in accordance with the statement of facts or information contained herein.

Refused (state reason)

signature of clerk or designate

date

Form EL16

(Prepare in triplicate)

APPLICATION FOR REMOVAL OF ANOTHER'S NAME FROM VOTERS' LIST

Municipal Elections Act, 1996 (s. 25)

Municipality		
Surname of Applicant		Given Names
Full Address of Residence	Apt #	Postal Code

IN RESPECT OF

Name as Entered in Voters' List		
Full Address of Residence	Apt #	Postal Code

ENTERED ON LIST FOR

Ward No. (if any)	Voting Subdivision No. (if any)	Assessment Roll Number (to be completed by Clerk or designated election official)
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STATEMENT BY APPLICANT

I, the undersigned, hereby state:

That I have good reason to believe that the person named above as entered on the Voters' List for the said voting subdivision in this municipality is not entitled to be an elector and to have her/his name entered on the Voters' List.

(signature of applicant)

(date signed)

NOTICE OF DEATH / INELIGIBILITY OF CANDIDATE

Municipal Elections Act, 1996 (s.39 (a) and (b))

Notice is hereby given that _____ a Candidate
(name of Candidate)

for the office of _____ has died / become
ineligible to hold the office.

Since no other Candidate would be elected by acclamation as a result of the death / ineligibility, the election for this office shall proceed as if the deceased / ineligible Candidate had not been nominated.

or

Since, as a result of the death / ineligibility, another Candidate would be elected by acclamation to office, the election for the above office is void and a by-election shall be held.

Dated this _____ day of _____, 2022.

Municipal Clerk or designate

OATH OF QUALIFICATION¹

Municipal Elections Act, 1996 (s.52 (1) 3)

I am the person named or intended to be named on the voters' list or document shown to me; and I have not before voted at the election now being held in the Town of Deep River. I am a Canadian citizen, at least 18 years of age and a resident of the Town of Deep River or a non-resident owner or tenant of land in the Town of Deep River, or the spouse of such owner or tenant.

NAME (please print)	SIGNATURE

¹ This form to be used for electors who have been objected to under paragraphs 2 and 3 of subsection 52(1) of the MEA.

ORAL OATH OF FRIEND OR INTERPRETER

Municipal Elections Act, 1996

ORAL OATH OF FRIEND OF ELECTOR

I, _____, a friend of _____ (elector), an elector who is unable to vote without assistance, and who is entitled to vote in this municipality declare that I will:

- mark the ballot as directed by the elector; and
- keep secret the manner in which this elector voted.

ORAL OATH OF INTERPRETER

I, _____ (name of interpreter) acting as interpreter for _____ (name of elector), an elector entitled to vote in this municipality, declare that I will faithfully translate the necessary oaths as well as any lawful questions necessarily put to the elector and his/her answers at this voting place.

Signature of friend / interpreter: _____

Signature of Election Official: _____

Date: _____

**NOTICE OF OFFENCE
NOTICE OF CORRUPT PRACTICE¹**

Municipal Elections Act, 1996 (s. 89)

Section 89 of the *Municipal Elections Act, 1996* provides that a person is guilty of an offence, if he or she,

- (a) votes without being entitled to do so;
- (b) votes more times than the *Act* allows;
- (c) votes in a voting place in which he or she is not entitled to vote;
- (d) induces or procures a person to vote when that person is not entitled to do so;
- (e) before or during an election, publishes a false statement of a Candidate's withdrawal;
- (f) furnishes false or misleading information to a person whom this *Act* authorizes to obtain information;
- (g) without authority, supplies a ballot to anyone.

Section 90 of the said *Act* provides that if, when a person is convicted of an offence under Section 89, the presiding judge finds that the offence was committed knowingly, the offence also constitutes a corrupt practice.
