

EO 1CITY OF CAMBRIDGE
Application to Amend Voters' List**MUNICIPAL ELECTIONS ACT, 1996**
(Section 17, 24, 25)**FOR ELECTION OFFICIALS USE ONLY****Check one**

- | | | |
|--|---|--|
| <input type="checkbox"/> Add applicant's information to voters' list (if applicable)
Ward _____ | <input type="checkbox"/> Correct applicant's information on voters' list
Ward _____
Previous Ward _____ | <input type="checkbox"/> Delete applicant's information on voters' list
Ward _____
<input type="checkbox"/> Deceased <input type="checkbox"/> Moved <input type="checkbox"/> Other |
|--|---|--|

Section 1: Applicant Information

Last Name		Date of Birth		
		Year	Month	Day
First Name		Middle Name		

Previous Name (if you changed your name since the last municipal election)		
Last Name	First Name	Middle Name

Qualifying Address (Roll No.: _____) (Ward No. _____)		
Number	Street Name	Unit
City, Municipality or Town		Postal Code

At qualifying address applicant is:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Spouse	<input type="checkbox"/> Tenant	<input type="checkbox"/> Other _____

Mailing Address (Same as above <input type="checkbox"/>)		
Number	Street Name	Unit
City, Municipality or Town		Postal Code

Previous Address (Roll No.: _____) (Ward No. _____)		
Number	Street Name	Unit
City, Municipality or Town		Postal Code

At previous address applicant is:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Spouse	<input type="checkbox"/> Tenant	<input type="checkbox"/> Other _____

Continue application on next page

School Support change Yes No (if yes, please indicate below)

Applicant is Roman Catholic (includes Greek & Ukrainian Catholics)

Applicant has French Language Education Rights

Applicant wishes to be an elector of the following school board: (Select one)

English-Public (anyone can support English-Public)

French-Public (must have French Language Education Rights)

English-Separate (must be Roman Catholic)

French-Separate (must be Roman Catholic & have French Language Education Rights)

Section 2: Declaration

PLEASE READ: 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. Questions about the collection may be directed to the Clerk's Office of the Corporate Services Department @ 519-740-4680.

Section 3: Certification of approval (completed by the City Clerk/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.

Signature of City Clerk or Designate

Date

Rejected (state reason)