TOWN OF INGERSOLL
Application to Amend Voters' List *Municipal Elections Act. 1996* (s.17. s.24. s.25)

Check only one
- ☐ **add** applicant's name to list (LAST DAY OCTOBER 25TH, 2010)
- ☐ **correct** applicant's information on list (LAST DAY OCTOBER 25TH, 2010)
- ☐ **delete** applicant's or family member's name from list (☐ deceased ☐ moved ☐ other) (ONLY TO SEPTEMBER 13, 2010)

Name of applicant date of birth year month day

Last | first | middle

Qualifying address on voting day ☐ commercial property

street number & name **apt. #** | roll number | ward number | voting subdiv.

city | postal code | (if house apartment, indicate floor level – e.g. basement, 1st floor, ttc.)

At qualifying address, applicant is:
- ☐ owner *since* _____
- ☐ tenant *since* _____
- ☐ other *since* _____ (date)
- ☐ spouse ☐ or s.s.p.
- ☐ unqualified (delete name only)

Previous Qualifying address (if applicable)

street number & name | apt. # | roll number | ward number | voting subdiv.

city | postal code | (if house apartment, indicate floor level – e.g. basement, 1st floor, ect.)

At previous address, applicant was:
- ☐ owner
- ☐ tenant
- ☐ other
- ☐ spouse ☐ or s.s.p.

Current mailing address of applicant (if different than **Qualifying address** above)

street number & name | apt./unit # | postal code

At mailing address, applicant is:
- ☐ owner
- ☐ tenant
- ☐ other
- ☐ spouse ☐ or s.s.p.

s.s.p. = same sex partner

School Support
- ☐ Applicant is Roman Catholic (includes Greek & Ukranian 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.

_____ _____

signature of clerk or designate **date**

☐ **Refused** (state reason)

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