

Resort Village of Candle Lake

Voter's Registration Form and Declaration of Person Requesting Mail-in Ballot

Name: _____
(Print)

Candle Lake Address: _____

Election held in: Resort Village of Candle Lake

Complete the following by placing an **"X"** in the box to the right of each statement that is correct:

- ☐ **1** I am a Canadian citizen.
- ☐ **2** I am the full age of 18 years or will attain the full age of 18 years on or before election day.
- ☐ **3** I have not already voted at this election.

Municipal Voters – Resort Villages only

4 On the day of the election, I: (place an "X" in one of the following boxes)

- ☐ (a) have resided for at least three consecutive months immediately preceding the day of the election in or on land now in the Resort Village of Candle Lake;
- ☐ (b) have been the assessed person with respect to property for at least three consecutive months immediately preceding the day of the election in or on property now situated in the Resort Village of Candle Lake;
- ☐ (c) am the spouse of a person described in clause (a) or (b).

Declaration of Person Requesting Mail-in Ballot

Declaration of Absentee Voter:

- ☐ I request that a Mail-in Ballot be issued to me.

Address where the Mail-in Ballot is to be mailed: (Please Print)

Name: _____

Address: _____

City/Town: _____

Postal Code: _____

I declare that the information given by me with respect to the above statements is true in all respects.

Dated this _____ day of _____, 20 _____.

Witness:

I have witnessed the signature of the person
Named above and I am satisfied the person's
Identity has been established pursuant to the
Local Government Election Act, 2015 and the
Regulations

I make this solemn declaration conscientiously,
believing it to be true and knowing that it is of the
same force and effect as if made under oath and by
virtue of the Canada Evidence Act.

(Signature of person authorized by bylaw to witness
the signature of a person requesting mail-in ballot)

(Voter)

XX

For Election Official Use Only

| VOTED WITH RESPECT TO | | | | | | |
|-----------------------|------------|---------------------------|-------|----------|-----------------------------------|-----------|
| Mayor/ Reeve | Councillor | School Board Member | Bylaw | Question | Sworn or Refused to Declare | Objection |
| | | | | | | |

Fill out if voters list is not used.

| Name of Voter | Place of Residence | Declared or Refused to Declare | Voted | Objected | Remarks |
|------------------|-----------------------|--------------------------------------|-------|----------|---------|
| | | | | | |

Mail-in Ballot Register

Date application accepted _____

Ballot Accepted: _____

Date Mail-in Ballot kit mailed/provided _____

Ballot Not Accepted: _____

Date Mail-in Ballot received _____

Ballot Spoiled: _____

Remarks: _____