

# 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:  
**info to be corrected** \_\_\_\_\_
- remove** name of deceased from list  
State relationship to deceased: \_\_\_\_\_

## Name of applicant

Last (or Single Name)	First	Middle
-----------------------	-------	--------

<b>Citizenship:</b>		<b>Date of Birth</b>	Year □□□□	Month □□	Day □□
---------------------	--	----------------------	--------------	-------------	-----------

<b>Qualifying address on Voting Day</b>	<input type="checkbox"/> Commercial Property	At qualifying address, applicant is:
Street Number & Name Apt. #	Roll Number	<input type="checkbox"/> owner <i>since</i> _____
	Ward	<input type="checkbox"/> tenant <i>since</i> _____
City	Postal Code	<input type="checkbox"/> other <i>since</i> _____
		<input type="checkbox"/> spouse
		<input type="checkbox"/> unqualified (deleted name only)

<b>Previous qualifying address (if applicable)</b>		At previous address, applicant was:
Street Number & Name Apt. #	Roll Number	<input type="checkbox"/> owner
	Ward	<input type="checkbox"/> tenant
City	Postal Code	<input type="checkbox"/> other
		<input type="checkbox"/> spouse

<b>Current mailing address of applicant (if different than <i>Qualifying address</i> above)</b>		At mailing address, applicant is:
Street Number & Name Apt. #	City	<input type="checkbox"/> owner
	Postal Code	<input type="checkbox"/> tenant
		<input type="checkbox"/> other
		<input type="checkbox"/> spouse

<p><b>School Support:</b></p> <p><input type="checkbox"/> Applicant is Roman Catholic (includes Greek &amp; Ukrainian Catholics)</p> <p><input type="checkbox"/> Applicant has French Language Education Rights</p>	<p><b>Applicant wishes to be an elector for the following school board:</b></p> <p><input type="checkbox"/> English-Public (anyone can support English-public)</p> <p><input type="checkbox"/> English-Separate (must be Roman Catholic)</p> <p><input type="checkbox"/> French-Public (must have French Language Education Rights)</p> <p><input type="checkbox"/> French-Separate (must be Roman Catholic &amp; have French Language Education Rights)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Declaration of Applicant**

I hereby declare that I am a Canadian citizen, that I have attained the age of eighteen years 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 **corrections made** on the Voters' List in accordance with such facts or information.

OR

I hereby declare that I am the same person whose name appears on the voters' list as described above and apply to have my name **removed** from the voters' list or I hereby apply to remove the above-deceased person from the Voters' List.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of application

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 this collection shall be made to the Municipal Clerk, Municipality of Clarington, 40 Temperance Street, Bowmanville, ON, L1C 3A6, 905-623-3379.

**Certificate of Approval** *(to be completed by Clerk or designate)*     *Refused (state reason)*

Approved      Ward \_\_\_\_\_

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

\_\_\_\_\_  
Signature of clerk or designate

\_\_\_\_\_  
Date