



Form EL15

**TOWNSHIP OF NORTH DUNDAS**

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

- Check only one
- add** applicant's name to list
  - correct** applicant's information on list
  - delete** applicant's name from list ( moved  other)

<b>Name of applicant</b>	<b>date of birth</b>	year	month	day
last	First	middle		

**Qualifying address on voting day**  commercial property

At qualifying address, applicant is:

street number & name	apt. #	roll number	ward number	voting subdiv.	<input type="checkbox"/> owner <i>since</i> _____ <input type="checkbox"/> tenant <i>since</i> _____ <input type="checkbox"/> other <i>since</i> _____ <span style="margin-left: 100px;">date</span> <input type="checkbox"/> spouse _____ <input type="checkbox"/> unqualified(delete name only)

\_\_\_\_\_

city postal code (if house apartment, indicate floor level e.g. basement, 1<sup>st</sup> floor etc.)

**Previous qualifying address** (if applicable)

At qualifying address, applicant is:

street number & name	apt. #	roll number	ward number	voting subdiv.	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> other <input type="checkbox"/> spouse

\_\_\_\_\_

city postal code (if house apartment, indicate floor level e.g. basement, 1<sup>st</sup> floor etc.)

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

At mailing address, applicant is:

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

owner  
 tenant  
 other  
 spouse

**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 corrected 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 Voter's 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 delegate

\_\_\_\_\_  
Date

Refused (state reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_