

ID Provided: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Application to Amend Voters' List (EL 15)**  
**Municipal Elections Act, 1996 (s. 17, s. 24, s. 25)**



- Add** name to the Voters' List
- Correct** information on the Voters' List: \_\_\_\_\_
- Remove** name (yourself or family members) from the Voters' List ( deceased  moved)  
 If removing, state relationship to voter: \_\_\_\_\_

| Voter Information                                      |                     |                          |             |
|--|---------------------|--------------------------|-------------|
| <b>Name:</b>   |                     |                          |             |
|  | Last or Single Name | First Name               | Middle Name |
| <b>Date of Birth:</b>                                  |                     |                          |             |
|  | Year                | Month                    | Day         |
| <b>Please confirm that you are a Canadian Citizen:</b> |                     | <input type="checkbox"/> |             |

| Qualifying address on Voting Day   |             |  |  |
|--|-------------|--|--|
|  |             |  | <input type="checkbox"/> Commercial property |
| Street number and name   | Apt. Number | Roll number  | Ward Number                                  |
| City   | Postal Code | (if house apartment, indicate floor level – basement, 1st floor) |  |
| At qualifying address voter is:  |             |  |  |
| <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Spouse of Owner or Tenant <input type="checkbox"/> Boarder / Other |             |  |  |

| Previous Qualifying address within Town of Tillsonburg (if applicable)   |             |  |             |
|--|-------------|--|-------------|
| Street number and name   | Apt. Number | Roll number  | Ward Number |
| City   | Postal Code | (if house apartment, indicate floor level – basement, 1st floor) |             |
| At previous qualifying address voter was:  |             |  |             |
| <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Spouse of Owner or Tenant <input type="checkbox"/> Boarder / Other |             |  |             |

| Current mailing address <input type="checkbox"/> Same as qualifying address |             |      |             |
|---|-------------|------|-------------|
| Street number and name  | Apt. Number | City | Postal Code |

| School Support (check only one)   |
|---|
| <input type="checkbox"/> English Public (anyone can support English Public)   |
| <input type="checkbox"/> English Separate (I confirm that I am Roman Catholic – includes Greek and Ukrainian Catholic)  |
| <input type="checkbox"/> French Public (I confirm that I have French Language Education Rights)                         |
| <input type="checkbox"/> French Separate (I confirm that I am Roman Catholic and have French Language Education Rights) |

| Declaration of Applicant   |      |
|--|------|
| I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) years on or before Monday, October 24, 2022 (Voting Day), and that on Voting Day, I am entitled to be an elector in accordance with the facts or information submitted above, and that I understand the effect thereof. I hereby apply to have the Voters' List amended based on the above information; <b>OR</b> , |      |
| I hereby declare that the person named above as entered on the Voters' List for the Town of Tillsonburg is deceased and hereby apply to have the above named person removed from the Voters' List.   |      |
| Signature of Voter or Applicant  | Date |
| Name of Applicant if not the Voter listed above  |      |

This information is collected under authority of s.17, s.24 and s.25 of the *Municipal Elections Act* and will be used to determine voter eligibility. Questions about this collection can be directed to the Town Clerk, 200 Broadway, Suite 204, Tillsonburg, ON, N4G 5A7, 519-688-3009 or [clerks@tillsonburg.ca](mailto:clerks@tillsonburg.ca).

| Certificate of approval (to be completed by Clerk or designate):   |   |
|--|---|
| <input type="checkbox"/> Approved<br>I hereby certify that the Voters' List for the Town of Tillsonburg shall be amended in accordance with the above statement of facts or information. | <input type="checkbox"/> Refused (Explanation): |
| Signature of Clerk or designate  | Date  |