APPLICATION TO VOTE BY MAIL

Instructions: 1. Complete this form and deliver by hand, mail, fax or scan to email to the Village of Port Clements at PO Box 198, Port Clements, BC V0T 1R0
Fax: 250-557-4568 or email: office@portclements.ca

2. If your application is filled out correctly the Village of Port Clements will send you a mail ballot package at least 10 days prior to General Voting Date. Due to mail challenges on Haida Gwaii, the earlier the application is received the better. The Village of Port Clements WILL NOT be responsible for mail delays.

3. You are responsible for ensuring that your completed ballot is received by the Village of Port Clements before 8pm on General Voting Day.

4. For more information please call the Chief Election Officer at 250-557-4295 or email office@portclements.ca

I, _____,
(Name of Elector – Please print)

Of _____,
(Residential Address of Elector – Please print)

Or _____,
(For Non-resident electors, the address of the real property to which elector is voting)

Request that I receive a ballot to vote by mail, under the provisions of Section 100 of the *Local Government Act*. I hereby declare that I am:

- 18 years of age or older as of General Election date; **AND**
- A Canadian Citizen; **AND**
- A resident of the Village of Port Clements for at least the past 30 days OR a non-resident owner of real property in the Village of Port Clements for at least the past 30 days; **AND**
- A resident of British Columbia for at least the past 6 months; **AND**
- Not disqualified by law from voting in an election.

I further declare that I am entitled to vote by mail for the following reason(s) (check at least one):

- _____ I have a physical disability, illness or injury that affects my ability to vote at one of the voting opportunities for this election; **AND/OR**
- _____ I expect to be absent from the Village of Port Clements at the time of the advance voting opportunity AND on General Election Day.

I request that you provide me a mail ballot package as follows (**check only one**):

- _____ Keep it at the Municipal office for me to pick up; **OR**
- _____ Mail it to my residential address; **OR**
- _____ Mail it to the following address:

_____

_____ _____ _____
Signature of Elector Date Signature of Witness