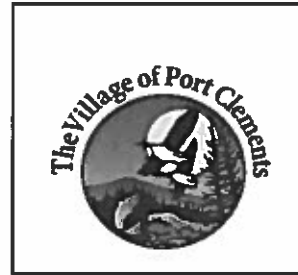


APPLICATION TO VOTE BY MAIL



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: cao@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 Administrative Officer at 250-557-4295 or email cao@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