Clarington Votes

Application to Amend Voters' List

Municipal Elections Act, 1996 (s. 17, s. 24, s. 25) **Form EL15**

Purpose of Application (check only one):	
◯ **add** applicant's name to list	◯ **remove** my name from list
◯ **correct** applicant's information on list Information to be corrected:	◯ **remove** deceased person from list State your name and relationship to deceased:

Name of Applicant							
Last (or Single Name)		First		Middle			
Email:		**Citizenship:**		**Date of Birth:**	Year	Month	Day

Qualifying Address on Voting Day			
Street Number and Name:	Unit:	City:	Postal Code:

At qualifying address, applicant is: ◯ owner ◯ tenant ◯ other ◯ spouse of owner or tenant

☐ Commercial Property

Previous Qualifying Address (if you have moved within Clarington)			
Street Number and Name:	Unit:	City:	Postal Code:

At previous address, applicant was: ◯ owner ◯ tenant ◯ other ◯ spouse of owner or tenant

Current Mailing Address (if different than **Qualifying address** above)			
Street Number and Name:	Unit:	City:	Postal Code:

School Support (check only one)

◯ English-Public (default for all resident voters)
◯ English-Separate (must be Roman Catholic – includes Greek and Ukrainian Catholic)
◯ French-Public (must have French Language Education Rights)
◯ French-Separate (must be Roman Catholic and have French Language Education Rights)

Declaration of Applicant

◯ I hereby declare that I am a Canadian citizen, that I have attained, or will attain, the age of eighteen years on or before Voting Day, I am a resident, landowner or tenant of the above address (or spouse of one), I have not already voted in this election, 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

Certificate of Approval (to be completed by Municipal Clerk or designate)

❑ Approved

I hereby certify that the Voters' List in the Municipality of Clarington shall be amended in accordance with the statement of facts or information contained herein.

❑ Refused (state reason) _____

Name of Election Official	**Signature of Election Official**	**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. Questions about this collection shall be made to the Municipal Clerk, Municipality of Clarington, 40 Temperance Street, Bowmanville, ON, L1C 3A6, 905-623-3379.