Lake of the Woods KENORA

FORM EL15

Application to Amend Voters' List

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

Check only one

- ☐ **add** applicant's name to list
- ☐ **correct** applicant's information on list
- ☐ **delete** applicant's or family member's name from list (☐ deceased ☐ moved ☐ other)

Name of applicant

date of birth (year / month / day)

last | first | middle

Qualifying address on voting day

☐ commercial property

street number & name | apt. # | roll number | ward number | voting subdiv.

city | postal code | (if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)

At qualifying address, applicant is:

- ☐ owner *since* _____
- ☐ tenant *since* _____
- ☐ other *since* _____
- ☐ spouse ☐ or s.s.p. date
- ☐ unqualified (deleted name only)

Previous qualifying address (if applicable)

street number & name | apt. # | roll number | ward number | voting subdiv.

city | postal code | (if house apartment, indicate floor level - e.g. basement, 1st floor, etc.)

At previous address, applicant was:

- ☐ owner
- ☐ tenant
- ☐ other
- ☐ spouse ☐ or s.s.p.

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

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

At mailing address, applicant is:

- ☐ owner
- ☐ tenant
- ☐ other
- ☐ spouse ☐ or s.s.p.

s.s.p. = same sex partner

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 included or amendments made 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 Voters' 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 designate | date

☐ Refused (state reason)

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