Form EL15(A)

KINGSVILLE
MUNICIPAL ELECTION

2026 Municipal Election
Application to Amend Voters' List
(Add, Remove, Change Information)

Municipal Elections Act, 1996 s.36

Check one only ☐ **Add** applicant's name to list
☐ **Correct** applicant's information on list
☐ **Delete** applicant's name from the list

Last Name	First Name	Middle Name
Date of Birth (YYYY/MM/DD)		

Qualifying Address on Voting Day

Street Address	Apt. #	Roll Number (If applicable)
City	**Postal Code**	**Indicate Floor Level (If applicable)**

At qualifying address, applicant is:

☐ owner since _____
☐ tenant since _____
☐ other since _____
☐ spouse
☐ unqualified (deleted name only)

Previous Qualifying Address
(If applicable)

Street Address	Apt. #	Roll Number (If applicable)
City	**Postal Code**	**Indicate Floor Level (If applicable)**

At previous address, applicant was:

☐ owner since _____
☐ tenant since _____
☐ other since _____
☐ spouse
☐ unqualified (deleted name only)

Current mailing address of applicant
(If different than qualifying address above)

Street Address	Apt. #	Roll Number (If applicable)
City	**Postal Code**	**Indicate Floor Level (If applicable)**

At previous address, applicant was:

☐ owner since _____
☐ tenant since _____
☐ other since _____
☐ spouse
☐ unqualified (deleted name only)

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School Support

☐ Applicant is Roman Catholic (includes Greek & Ukrainian Catholics)

☐ Applicant has French Language Ed. Rights

☐ Applicant is neither Roman Catholic (includes Greek & Ukrainian Catholics) nor has French Language Ed. 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 Ed. Rights)

☐ French-Separate (must be Roman Catholic & have French Language Ed. 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**

Privacy Statement: The information collected on this form is collected under the authority of s.17, s.24, and s.25 of the Municipal Elections Act, 1996, and s.16 of the Assessment Act, 1990, and will be used to amend the Voters' List. Questions about the collection of this information should be directed to the Manager of Municipal Governance/Clerk (Returning Officer), Town of Kingsville, 2021 Division Road North, Kingsville, ON N9Y 2Y9. Phone: 519-733-2305