



MUNICIPALITY of CASSELMAN

Unité / Unit 200, 1 rue Industriel St
Casselman ON K0A 1M0
TÉL: 613.764.3139
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Application to Amend Voters’ List *Municipal Elections Act, 1996 (s.17, s.24, s. 25)*

- Check only one
- ☐ add applicant’s name to list
- ☐ correct applicant’s information on list
- ☐ delete applicant’s name from list (☐ deceased ☐ moved ☐ other)

		year		month		day	
Name of Applicant		date of birth					
last		First		middle			
Qualifying address on Voting Day		☐ commercial property		At qualifying address, applicant is:			
				☐ owner <i>since</i> _____			
				☐ tenant <i>since</i> _____			
				☐ other <i>since</i> _____			
				☐ spouse <i>date</i> _____			
				☐ unqualified (delete name only)			
street number & name		apt. #		roll number		ward number voting subdiv.	
city		postal code		(if house apartment, indicate floor level e.g. basement, 1 st floor, ect.)			
Previous qualifying address (if applicable)				At qualifying address, applicant is:			
				☐ owner			
				☐ tenant			
				☐ other			
				☐ spouse			
street number & name		apt. #		roll number		ward number voting subdiv.	
city		postal code		(if house apartment, indicate floor level e.g. basement, 1 st floor, ect.)			
Current mailing address of applicant (if different than Qualifying address above)				At mailing address, applicant is:			
				☐ owner			
				☐ tenant			
				☐ other			
				☐ spouse			
street number & name		apt. /unit #		city		postal code	

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 corrected 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, 1996*, 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	☐ Refused (state reason)
I hereby certify that the Voter’s 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 delegate	Date