

717 Notre Dame Street / 717, rue Notre Dame Embrun ON K0A 1W1 T: 613-443-3066

		ant's information on list					
	Delete applican	nt's or family member's nam	e from list (de	eceased		<u>, , , , , , , , , , , , , , , , , , , </u>	D
lame of Applicant			Date o	f Birth	Year	Month	Day
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Last Name	<u> </u>	First Nar	ne		Middle Na	me(s)	
ualifying address o					At qualify	` '	ess,
					applicant is:		
					☐ owne		
Street number & name	Apt # Roll Number		Ward No	Voting Subdiv.	tenant since		
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-	Code	For example, basement, 1s				se 🗌 or s alified**	.s.p.
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			110	Cabairi			
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	Code	For example, basement, 1s					
Street number & name	Apt # City		Postal code		☐ owner ☐ tenant ☐ other ☐ spouse ☐ or s.s.p.*		
					* s.s.p. = sa ** Delete na	•	iner
Applicant has French L Oplicant wishes to English-Public (English-Separate (French-Public (French-Public (French-Separate (he undersigned, hereby de	be an elector anyone can support the Roman must have Frenco (must be roman eclare that I am a	or for the following sometime port English-public) Catholic) Ch Language Education Rights Catholic & have French Language Canadian citizen, that I have	chool board) age Education Rige attained the age	of eighteen			
		an Elector in accordance with to have my name included o					
		Signature of Applicant			Date		_
s information is collected unde used to determine voter eligib		, s.24 and s.25 of the Municipal El	ections Act, 1996, an	d s.15 and s.	16 of the Ass	essment Ac	t and
		eted by Clerk or designate)					
roved reby certify that the Vot	er's List for sai	id voting subdivision in this with the statement of facts or	Refused (state i	reason)			
ature of Clerk or designate							
		Date					