



## Application to Amend Voters' List (EL 15)

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

This form will be provided in an alternate format upon request

Applications to amend the Voters; List will be accepted as of September 1 until the close of Voting Day

- Check only one:
- Add** applicant's name to list (last day October 24, 2022)
  - Correct** applicant's information on list (last day October 24, 2022)
  - Delete** applicant or family member's name from list
- Reason for deletion:**     deceased     moved     other

### Voter Information

<b>Name:</b>			
	Last Name	First Name	Middle Name
<b>Date of Birth:</b>			
	Year	Month	Day

<b>Qualifying Address on Voting Day</b>	<input type="checkbox"/> Residential Property	<input type="checkbox"/> Commercial/Industrial Property
Street # and Name	Apt./Mailbox #	City
Roll #	If house apt., floor #	Postal Code

At qualifying address, voter is:

- Owner     Tenant     Spouse of Owner or Tenant     Boarder/Other     Unqualified/Delete

### Previous Address within Ingersoll (if applicable)

Street # and Name	Apt./Mailbox #	City
Roll #	If house apt., floor #	Postal Code

At previous qualifying address voter was:

- Owner     Tenant     Spouse of Owner or Tenant     Boarder/Other

### Current Mailing Address of Applicant (if different than qualifying address above)

Street # and Name	Apt./Mailbox #	City
Roll #	If house apt., floor #	Postal Code

**School Support (check only one)**

- English-public (anyone can support English-public)
- English-separate (I confirm that I am Roman Catholic – includes Greek and Ukrainian Catholic)
- French Public (I confirm that I have French Language Education Rights)
- French-separate (I confirm that I am Roman Catholic and have French Language Education Rights)

**Acknowledgment and Agreement**

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; **OR**

I hereby declare that the person named above as entered on the Voters' List for the Town of Ingersoll is deceased and hereby apply to have the above named person removed from the Voters' List.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This information is collected under the 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 the Clerk or designate)**

- Approved
- Refused (state reason for refusal)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Clerk or designate

\_\_\_\_\_  
Date