



Making a difference...together

APPLICATION TO VOTE BY MAIL

APPLICANT INFORMATION (PLEASE PRINT)		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
RESIDENTIAL STREET ADDRESS:		CITY/TOWN AND POSTAL CODE
MAILING ADDRESS OR P. O. BOX (IF DIFFERENT FROM RESIDENTIAL ADDRESS):		CITY/TOWN AND POSTAL CODE
IF YOU ARE A <u>NON-RESIDENT</u> PROPERTY ELECTOR – PROVIDE THE FULL ADDRESS OF REAL PROPERTY IN RELATION TO WHICH YOU ARE VOTING:		
VOTING AREA: SALT SPRING ISLAND ELECTORAL AREA	PHONE NUMBER:	EMAIL ADDRESS:

DECLARATION - By signing and submitting this application I DECLARE THAT I AM:

- 18 years of age or older on general voting day (September 9, 2017); and
- a Canadian citizen; and
- a resident of the Salt Spring Island electoral area for at least the past 30 days OR a registered owner of real property in the Salt Spring Island electoral area for at least the past 30 days; and
- a resident of BC for at least the past 6 months; and
- not disqualified by any enactment from voting in a Local Government election or be otherwise disqualified by law.

I FURTHER DECLARE that I am entitled to vote by mail for the following reason(s) *(check all that apply)*:

- I have a physical disability, illness or injury that affects my ability to vote at another voting opportunity for this election; and/or
- I expect to be absent from the regional district at the times of all advance voting opportunities (August 30 and September 6, 2017) and on general voting day (September 9, 2017).

I request you to provide me a mail ballot package as follows *(check only one)*:

- Mail it to my residential address; or
- Mail it to the following address: _____

or

- Keep it at the office of the Capital Regional District for me to pick up; or
- Keep it at the office of the Capital Regional District for _____ to pick up on my behalf

SIGNATURE OF ELECTOR

DATE

PHONE NUMBER

SHADED AREA FOR COMPLETION BY STAFF ONLY

Method of Mail Ballot Request: Mail Email Phone Fax In Person Other

Date of Mail Ballot Request: _____, 2017

Registered Resident Elector: Yes No

Registered Non-Resident Elector: Yes No

Date Mail Ballot Issued: _____, 2017

Date of Mail Ballot returned to Chief Election Officer: _____, 2017

Mail Ballot returned by: Mail Courier Third Party In Person Other

Mail Ballot ACCEPTED

Mail Ballot REJECTED

Reasons for rejection: _____

Date (month/day/year)

Chief Election Officer or Designate

PLEASE NOTE

Upon receipt and approval of your request, the Capital Regional District will send you a mail ballot package or advise you that they are ready to be picked up.

If we receive your application after August 31, 2017, time may not permit mailing, so you should arrange to pick up a package from the Capital Regional District.

To be counted, you are responsible for ensuring that your completed mail ballot is received at the offices of the Capital Regional District at the address below no later than 8:00 pm on General Voting Day, Saturday, September 9, 2017

For more information contact the Chief Elections Officer at 250-472-0059. Alternatively, you may contact Emilie Gorman at 250-360-3127 or Brent Reems at 250-360-3128 or email legserv@crd.bc.ca.

RETURN COMPLETED FORM to: Attn: Chief Election Officer, Capital Regional District
Delivery: 625 Fisgard Street, Victoria, BC V8W 1R7
Mailing address: PO Box 1000, Victoria, BC V8W 2S6
Fax: 250-360-3130 or by Email: legserv@crd.bc.ca