



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:		
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 (October 20, 2018); and
- a Canadian citizen; and
- a resident of your electoral area for at least the past 30 days OR a registered owner of real property in your 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 (October 10 and October 17, 2018) and on general voting day (October 20, 2018).

**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:                \_\_\_\_\_, 2018

Registered Resident Elector:               Yes    No

Registered Non-Resident Elector:         Yes    No

Ballot Type:                                    \_\_\_\_\_

Date Mail Ballot Issued:                    \_\_\_\_\_, 2018

Date of Mail Ballot returned to Chief  
Election Officer:                              \_\_\_\_\_, 2018

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 October 5, 2018 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, October 20, 2018.

For more information contact the Chief Elections Officer at 250-472-0059. Alternatively, you may contact Emilie Gorman at 250-360-3127 or Kristen Morley at 250-360-3638 or email [legserv@crd.bc.ca](mailto: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](mailto:legserv@crd.bc.ca)