



# 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 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 Sunshine Coast Regional District for me to pick up; or
- Keep it at the office of the Sunshine Coast Regional District for \_\_\_\_\_ to pick up on my behalf

\_\_\_\_\_  
**SIGNATURE OF ELECTOR**

\_\_\_\_\_  
**DATE**

