



MAIL BALLOT APPLICATION

APPLICANT INFORMATION (*required field)

Form with fields for Last Name, First Name, Middle Initial, Residential Street Address, Apt. No., City/Town, Mailing Address, Postal Code, Date of Birth, and Last 6 digits of Social Insurance Number.

REASON(S) FOR REQUEST (check all that apply)

- Checkboxes for reasons: physical disability, residence on mainland, living on island, absent from district, or other (specify).

ELECTOR REGISTRATION

If not currently on the register of electors I acknowledge that this application must be accompanied by an application to register as a resident elector or non-resident property elector.

MAIL BALLOT PACKAGE

- I request that my mail ballot package:
- be sent to my mailing address by regular post;
- be held at the Regional District office for pick-up;
- be sent to the below alternate address by regular post:

Please include the following ballots in my mail ballot package: [Blank lines for listing ballots]

DECLARATION

- By signing and submitting this application I declare that:
1. I am a Canadian citizen;
2. I am currently, or will be 18 years of age or older on October 20, 2018;
3. I am and have been a resident of British Columbia for the past 6 months immediately before today;
4. I am and have been a resident of the above noted voting jurisdiction for at least 30 days immediately before today;
OR
I am and have been the registered owner of real property within the above voting jurisdiction for at least 30 days immediately before today;
5. I am not disqualified by the Local Government Act or any other enactment or law from voting in an election in British Columbia, and am not otherwise disqualified from voting;
6. The information provided herein is accurate and complete to the best of my knowledge.

Signed _____ Dated _____

Submit application to: Chief Election Officer, Strathcona Regional District
#301 – 990 Cedar Street, Campbell River, BC V9W 7Z8
Fax: (250) 830-6710 Email: elections@srd.ca

