

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:		
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 (November 15, 2014); and
- a Canadian citizen; and
- a resident of the electoral area noted above for at least the past 30 days OR a registered owner of real property in the electoral area noted above 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 on general voting day (November 15, 2014) and at the times of all advance voting opportunities (November 5 and 12, 2014); and /or
- I am a resident of DeCourcy Island or Mudge Island which have been designated as remote from voting places.

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 Regional District of Nanaimo for me to pick up; or
- Keep it at the Office of the Regional District of Nanaimo for _____ to pick up on my behalf.

SIGNATURE OF ELECTOR

DATE

SHADED AREA FOR COMPLETION BY STAFF ONLY

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

Date of Mail Ballot Request: _____, 2014

Registered Resident Elector: Yes No

Registered Non-Resident Elector: Yes No

Date Mail Ballot Issued: _____, 2014

Date Mail Ballot returned to Chief Election Officer: _____, 2014

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 Regional District of Nanaimo will send you a mail ballot package as soon as they are available (tentatively October 27, 2014) or advise you that they are ready to be picked up.

If we receive your application after November 7, 2014, time may not permit mailing, so you should arrange to pick up a package from the Regional District of Nanaimo.

To be counted, you are responsible for ensuring that your completed mail ballot is received at the Regional District of Nanaimo no later than 8:00 pm on General Voting Day, Saturday, November 15, 2014.

For more information contact the RDN Chief Election Officer at 250-390-4111 or 1-877-607-4111 or email vote@rdn.bc.ca

RETURN COMPLETED FORM to: Attn: Chief Election Officer, Regional District of Nanaimo
6300 Hammond Bay Road, Nanaimo, BC V9T 6N2
Fax: 250-390-4163 or by Email: vote@rdn.bc.ca