



Form EL15
Application to Amend Voters' List
Municipal Elections Act 1996

- Add** applicant's name to List
- Correct** applicant's information on List – **info to be corrected** _____
- Delete** applicant's or family member's name from list (deceased moved other)
- If deceased, state relationship to deceased: _____

Name:	Last		First	Middle
	Year	Month	Day	
Date of Birth:				Citizenship:

Qualifying address on Voting Day:				<input type="checkbox"/> Commercial property At qualifying address, applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/> Spouse
Street Number & Name	Apt. #	Roll #	Ward/Poll	
City	Postal Code	(If house, indicate floor level (basement, 1 st floor, etc.)		

Previous qualifying address (if applicable):				At previous address, applicant was: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/> Spouse
Street Number & Name	Apt. #	Roll #	Ward/Poll	
City	Postal Code	If house, indicate floor level (basement, 1 st floor, etc.)		

Current mailing address (if different than qualifying address above):				At mailing address, applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/> Spouse
Street Number & Name	Apt. #	City	Postal Code	

School support: <input type="checkbox"/> Applicant is Roman Catholic (includes Greek and Ukrainian Orthodox) <input type="checkbox"/> Applicant has French Language Education Rights	Applicant wishes to be an elector for the following school board: <input type="checkbox"/> English Public (anyone can support English Public) <input type="checkbox"/> English Separate (must be Roman Catholic) <input type="checkbox"/> French Public (must have French Language Education Rights) <input type="checkbox"/> French Separate (must be Roman Catholic and have French Language Education Rights)
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Declaration of Applicant

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) years on or before Voting Day, and that on Voting Day I am entitled to be an elector in accordance with the facts or information submitted above, and that I understand the effect thereof. I hereby apply to have the Voters' List amended based on the above information; **OR,**

I hereby declare that the person named above as entered on the Voters' List for the Township of Uxbridge is deceased and hereby apply to have the above named person removed from the Voters' List.

Signature of applicant _____ Date _____

Certificate of approval (to be completed by Clerk or designate):

Approved _____ Refused (Explanation): _____

I hereby certify that the Voters' List for the Township of Uxbridge shall be amended in accordance with the above statement of facts or information.

Signature of Clerk or designate _____ Date _____