

# Town of Spanish

**APPLICATION FOR MAIL-IN BALLOT BY ANY ELECTOR \*  
One Form per Applicant**

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

**Mailing address where you wish the ballot(s) to be sent. Property owner and spouse may both vote. Each must sign their own application.**

Number and Street \_\_\_\_\_, Post Office Box, Apt./Unit \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADDRESS or ROLL # OF YOUR PROPERTY IN THE TOWNSHIP OF SHEDDEN (SPANISH).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please fill out this application completely.  
Include with your application a copy of your driver's licence or other valid identification  
which includes your signature.**

**DECLARATION**

1. I am a Canadian citizen and will be 18 years of age or older on polling day.
2. I am a resident or the owner (solely or jointly) or spouse of an owner of property described above which is located within the boundaries of the Township of Shedden.
3. All of the statements made in this application are true to the best of my knowledge.

**\*NOTE: Mail-in ballots must be received at the Spanish Town office by 8:00 pm on Oct. 22<sup>nd</sup>/18.  
The Clerk or agents are not responsible for the non-delivery or non-receipt of forms or mail-in ballots notwithstanding that every reasonable effort will be made to assist voters in this process.**

Signature of elector X \_\_\_\_\_ Date \_\_\_\_\_

Return by fax (705-844-2622) or deliver or attach to an email [pamlortie@townofspanish.com](mailto:pamlortie@townofspanish.com)  
**One application required for each applicant if applicable. Apply early.**