

- Check only one **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 of applicant	date of birth	year	month	day
_____	_____	____	____	____
last	first			middle

Citizenship: _____

Qualifying address on voting day	<input type="checkbox"/> commercial property	At qualifying address, applicant is:
street number & name	roll number	<input type="checkbox"/> owner <i>since</i> _____
apt. #	ward number	<input type="checkbox"/> tenant <i>since</i> _____
city	postal code	<input type="checkbox"/> other <i>since</i> _____
		<input type="checkbox"/> spouse
		<input type="checkbox"/> unqualified (deleted name only)

(if house apartment, indicate floor level – e.g., basement, 1st floor, etc.)

Previous qualifying address <small>(if applicable)</small>		At previous address, applicant was:
street number & name	roll number	<input type="checkbox"/> owner
apt. #	ward number	<input type="checkbox"/> tenant
city	postal code	<input type="checkbox"/> other
		<input type="checkbox"/> spouse

(if house apartment, indicate floor level – e.g., basement, 1st floor, etc.)

Current mailing address of applicant <small>(if different than Qualifying address above)</small>		At mailing address, applicant is:
street number & name	city	<input type="checkbox"/> owner
apt./unit #	postal code	<input type="checkbox"/> tenant
		<input type="checkbox"/> other
		<input type="checkbox"/> spouse

School Support

- Applicant is Roman Catholic (includes Greek & Ukrainian Catholics)
 Applicant has French Language Education Rights

Applicant wishes to be an elector for the following school board

- English-Public (anyone can support English-public)
 English-Separate (must be Roman Catholic)
 French-Public (must have French Language Education Rights)
 French-Separate (must be Roman Catholic & have French Language Education Rights)

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) 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 on this form, and that I understand the effect thereof. I hereby apply to have my name included or amendments made on the Voters' List in accordance with such facts or information.

signature of applicant

date

This information is collected under authority of s. 17, s. 24 and s. 25 of the *Municipal Elections Act* and s.15 and s. 16 of the *Assessment Act* and will be used to determine voter eligibility. Questions about this collection shall be made to the Town Clerk, Town of Markham, 101 Town Centre Blvd., Markham, ON, L3R 9W3, 905-477-7000, Ext.3090.

Certificate of Approval <small>(to be completed by Clerk or designate)</small>	<input type="checkbox"/> Refused <small>(state reason)</small>
<input type="checkbox"/> Approved Ward _____	
I hereby certify that the Voters' List for said ward in this municipality shall be amended in accordance with the statement of facts or information contained herein.	_____
_____	_____
signature of clerk or designate	date