

MUNICIPALITY of CASSELMAN

CP / Box 710, 751 rue St-Jean St

Casselman ON KOA 1M0

TÉL: 613.764.3139 FAX: 613.764.5709

www.casselman.ca | elections2022@casselman.ca

Application to Amend Voter	List Municipal Elections Act, 1996 (s.17, s.24, s. 25)
----------------------------	---

Check only one	• •	name to list nt's information on lis 's name from list (□		ved □ other	·)			
					year	mor	nth	day
Name of Applicant			date	e of birth			_	
• •								
last		Final				ماماء		
last	Vati Ba	First				ddle 		
Qualifying address	on Voting Day	commercial prope	rty	At qualifyir	ng addre	ss, applic	cant is	S .
						er since_		
						nt since_ r since		
street number & name	apt.#	roll number	ward numb	voting er subdiv.	□ spoi	use	da	
					unqı	ualified (d	lelete n	ame
city	postal code (if house	e apartment, indicate floor le	vel e.g. basement,	1 st floor, ect.)	OI			
Previous qualifying	address (if applica	ble)		At qualifyir	ng addre	ss, applic	cant is	s:
Trovious quamying	addi 000 (ii appiloa	510)		, ,	Ŭ			
					□ owr			
street number & name	apt. #	roll number	\ward	voting	othe			
	Spt.		numb	_	□ spo			
					opo	400		
city	oostal code (if house	e apartment, indicate floor le	vel e a hasement	1 st floor, ect)				
only p	(ii riodo)	s aparamona, maioato noor io	vor o.g. bacomont,	1 11001; 001.)				
Current mailing add	ress of applican	(if different than Qualifying	address above)	At maili	ng addre	ess, appli	cant i	s:
					□ own	er		
					☐ tena			
street number & name	apt. /unit #	city	posta	code	□ othe	er		
					☐ spo	use		
School Support								
	an Catholic (includes	Greek & Ukrainian Ca	atholics)					
☐ Applicant has Fre			,					
— т рригония год	gg							
Applicant wishes to	be an elector fo	or the following so	hool board					
☐ English-Public	(anyone can supp	oort English-public)						
☐ English-Separate	(must be Roman	Catholic)						
☐ French-Public	(must have Frence	ch Language Education F	Rights)					
☐ French-Separate	(must be roman	Catholic & have French L	anguage Educati	on Rights)				
·	•							
I, the undersigned, hereby of Voting Day, and that on Vot this form, and that I understa with such facts or informatio	ing Day, I am entitled to nd the effect thereof. I h	be an Elector in accord	ance with the fac	ts or informat	tion subm	itted on		
Signature of Applic	ant		Date					
This information is collected und Act and will be used to determine	er authority of s.17, s.24 a	nd s.25 of the <i>Municipal Elec</i>		d s.15 and s.16	of the Ass	sessment		
Certificate of Approv	/al (to be completed b	y Clerk or designate)						
Approved			Refused (s	tate reason)				
I hereby certify that the Vo			Koluseu (s	nate reason)				
municipality shall be amende information contained herein.		ne statement of facts or						
omation contained norelli.								

Date

Signature of Clerk or delegate