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## **Application to Amend Voters' List**

Check only one								
	<ul> <li>Add applicant's name to list.</li> <li>Correct applicant's information on list</li> </ul>							
				nation on list nily member's i	name fro	m list:		
		deceased	o move	•				
Name of applicant		I			Date o	of birth:	/ / DD/MM/YY	
Last		First			Middle	9		
Qualifying address on vot	ing da	У						
Street Number and Name	e Apt	t. Roll nι	umber	City/Towns	ship	Posta	al Code	
I, the undersigned, he age of eighteen (18) an elector in accorda understand the effect made on the Voters' I	on or b nce wi therec	before Votir th the facts of. I hereby	ng Day, and s or informat r apply to hav	that on Voting ion submitted ve my name ir	Day I ar on this f cluded c	m entitl form, a	ed to be nd that I	
Signature of applican	t			Date				
Certificate of Approva	al							
o Approved		0	Refused (s	state reason)	ate reason)			
Signature of returning	office	r or design	ate	Date				