

210 boul Mead Blvd Espanola, ON P5E 1R9 Telephone/Téléphone: (705) 862-7850

Fax/Télécopieur: (705) 862-7805 http://www.msdsb.net

Application to Amend Voters' List

Check only one					
·		applicant's name to lis			
		ect applicant's informa			
		ete applicant's or family		rom list:	
	o de	eceased o moved	o other		
Name of applicant			Date	Date of birth: / /	
	1				
Last	l.	First	Midd	lle	
Qualifying address on votil	ng day				
Street Number and Name	Apt.	Roll number	City/Township	Postal Code	
I, the undersigned, her	eby dec	lare that I am a Canad	ian citizen, that I ha	ave attained the	
age of eighteen (18) o	n or befo	ore Voting Day, and tha	at on Voting Day I a	am entitled to be	
		he facts or information		•	
		I hereby apply to have			
amendments made on	the vot	ers' List in accordance	with such facts or	information.	
Signature of applicant			Date		
Cortificate of Approval					
Certificate of Approval					
☐ Approved			Refused (st	Refused (state reason)	
Signature of return	ing office	Date	Date		