The Municipality of Temagami
7 Lakeshore Drive
P.O. Box 220
Temagami, Ontario
P0H 2H0

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E-Mail: visit@temagami.ca

Phone: (705) 569 - 3421
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Municipal Elections Act, 1996 (s. 17, s. 24, s. 25) **Form EL15**

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 ☐ commercial property

street number & name | apt. # | roll number | ward number

city | postal code | *(if house apartment, indicate floor level – e.g., basement, 1st floor, etc.)*

At qualifying address, applicant is:
- ☐ owner *since* _____
- ☐ tenant *since* _____
- ☐ other *since* _____
- ☐ spouse
- ☐ unqualified (Deleted Name Only)

Previous qualifying address *(if applicable)*

street number & name | apt. # | roll number | ward number

city | postal code | *(if house apartment, indicate floor level – e.g., basement, 1st floor, etc.)*

At previous address, applicant was:
- ☐ owner
- ☐ tenant
- ☐ other
- ☐ spouse

Current mailing address of applicant *(if different than **Qualifying address** above)*

street number & name | apt./unit # | city | postal code

At mailing address, applicant is:
- ☐ owner
- ☐ tenant
- ☐ other
- ☐ 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 *(to be completed by Clerk or designate)*

☐ Approved Ward _____

☐ Refused *(state reason)*

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