

MAIL BALLOT APPLICATION

APPLICANT INFORMATION (*requestream) Last Name *		Name *	Middle Initial	
Last Name	Filot	Name	Middle IIIIIai	
Residential Street Address *	Apt. No.		City/Town/Village *	
Mailing Address or P.O. Box * (if different from residential a		address)	City/Town/Village *	Postal Code *
Phone Number:		Email Address:		
Data of Direth *		Loot C digita of Co	cial Insurance Number *	
Date of Birth * MM DD YY	or			
		XXX//		
2 pieces of identification (at least one	e with a signature) to pro	ove both residency ar	nd identity are required to a	ccompany this application
Acceptable documents include: • British Columbia	Utility Bill		Ministry of Social D	evelopment and Poverty
o Driver's License	•	Social Insurance Card Red		for Continued Assistance
o ID Card	•	Citizenship Certificate Form SDES8		
Services CardCare Card or Gold Care C		and the property seems to the s		
	ard • Bank/Credit	card or statement	verlicie Licerise	
ELECTOR REGISTRATION I acknowledge that this application elector.	must be accompanied	by an application to r	egister as a resident elector	r or non-resident property
If registering as a resident elector, If registering as a non-resident pro				
Elector).	po., y 0.00.0., p.0000 .	то т от т = (, тр	modulon for riegion and ride	a rion riosaoni rioporty
MAIL BALLOT PACKAGE I request that my mail ballot packa	de:			
□ be sent to my mailing add	_			
be held at the Village of S	Sayward office for pick-	up		
□ be held at the Strathcona				
be sent to the below alter	nate address by regula	r post":		
*Note: mail ballot packages will	be sent by regular post	unless elector has ma	ade alternate arrangements	for delivery.
* I acknowledge that I will be di			9	•
DECLARATION				
By signing and submitting this applic	ation I declare that:			
 I am a Canadian citizen; 				
 I am currently, or will be 18 yea I am and have been a resident 			nmediately before today:	
4. I am a resident of the above no	ted voting jurisdiction;	OR [·]	•	
I am a non-resident owner of rest. I am not disqualified by the Loc				
and am not otherwise disqualifi	ed from voting;	•	_	Alon in British Columbia,
6. The information provided herei	n is accurate and comp	lete to the best of my	/ knowledge.	
	_			
Signed		Dated		

Submit application to:

Chief Election Officer, Village of Sayward 652 H'Kusam Way, Sayward, BC V0P 1R0 Fax: (250) 282-5511 Email: village@saywardvalley.ca or elections@srd.ca