

## APPLICATION TO AMEND THE VOTERS' LIST

FORM HAWK-01

- Addition of the applicant's name to the Voters' List (Box A & Box B)  
 Amend applicant information on the Voters' List (Box A & Box C)  
 Removal of the applicant's name from the Voters' List (Box A)  
**(check one box only)**

### A - General Information

Ward	Voting Subdivision	Assessment roll number (to be completed by the Clerk)		
Family Name		Given Name(s)		
Full address of residence		Apt.	Postal Code	Date of birth

### IF YOU ARE NOT A RESIDENT OF THIS MUNICIPALITY, WHAT IS YOUR QUALIFYING ADDRESS?

Qualifying address	Postal Code
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### B - Addition of the applicant's name to the Voters' List

Please check one of the following:

- Owner   
 Tenant   
 Spouse of an owner or tenant   
 Other \_\_\_\_\_

**School Board Support: (The elector must be a resident of the Town of Hawkesbury)**

- ENGLISH PUBLIC  
 ENGLISH SEPARATE (must be Roman Catholic)  
 FRENCH PUBLIC (must have French language education rights)  
 FRENCH SEPARATE (must be Roman Catholic and have French language education rights)

### C - Amend applicant's information on the Voters' List

- Change School Board support   
 Change of address within the Town of Hawkesbury   
 Other \_\_\_\_\_

From:	To:
Ward: _____ Voting Subdivision: _____	Ward: _____ Voting Subdivision: _____

**In order to support the English Separate or French Separate school board, you must be a Roman Catholic.**

**In order to support the French Public or French Separate school board, you must have French language education rights.**

#### DECLARATION OF THE APPLICANT

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) years on or before Voting Day, and I am entitled to be an elector in accordance with the facts or information submitted above and that I understand the effect thereof. I hereby apply to have my name added, deleted or amendments made to the Voters' List in accordance with such facts or information.

I have attached to this form the following piece of identification: \_\_\_\_\_

\_\_\_\_\_  
 Signature of applicant \_\_\_\_\_  
 Date

#### DECLARATION OF AGENT

**If this signed application is submitted by an agent of the applicant, the agent shall declare as follows:**

I hereby declare that the applicant has appointed me as her/his agent and on her/his behalf I file this application signed by her/him.

\_\_\_\_\_  
 Name of agent (print) \_\_\_\_\_  
 Signature of agent  
 \_\_\_\_\_  
 Address of agent \_\_\_\_\_  
 Telephone N°

NOTE: The Voter Information Letter will be mailed to the elector.

#### FOR OFFICE USE ONLY

#### CERTIFICATE OF APPROVAL

I hereby certify that the Voters' List for the said voting subdivision in the Town of Hawkesbury shall be amended in accordance with the above statement of facts or information.

\_\_\_\_\_  
 Signature of Clerk or Election Official \_\_\_\_\_  
 Date

<input type="checkbox"/> Check if the application is refused and state reason _____	Refused by: _____ Initials <span style="margin-left: 50px;">_____</span> Date
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