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ANCIENT SPIRIT, MODERN MIND

Please fill out the following information:

**VOTER/APPLICANT INFORMATION:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Given Name(s)

**CONTACT INFORMATION:**

\_\_\_\_\_  
Address, City/Town, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth (m/d/y)

**CORRECTION REQUESTED** (please check off selection that applies):

- Correct name, date of birth, or contact information of eligible voter (as set out above)
- Addition of eligible voter to voter list (attach supporting documents)
- Removal of ineligible voter from voter list (attach supporting documents)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE DELIVERED TO THE COMMISSIONER AT LEAST 36 DAYS BEFORE VOTING DAY**