

# APPLICATION FOR MAIL-IN BALLOT

<b>DISTRICT NUMBER:</b> <small>(if known)</small>		<b>DISTRICT NAME:</b> <small>(if known)</small>		
FAMILY NAME (Print)		GIVEN NAME	MIDDLE NAME	DATE OF BIRTH  <small>YYYY / MM / DD</small>
SEX				
<b>YOUR PRINCE EDWARD ISLAND RESIDENTIAL ADDRESS</b>			<b>ADDRESS TO DELIVER YOUR MAIL-IN BALLOT</b>	
CIVIC NUMBER	ROAD / STREET-STREET TYPE	APT	CIVIC NUMBER	ROAD / STREET-STREET TYPE
CITY OR TOWN		POSTAL CODE	CITY OR TOWN	
HOME PHONE NO.	CURRENT PHONE NO. (CELL)	EMAIL ADDRESS		
( )	( )			

**DISTRICT 11 BY-ELECTION: November 27, 2017**

**DECLARATION**

I DECLARE:

- I WILL BE AT LEAST 18 YEARS OF AGE ON THE DATE OF THE ELECTION;
- I AM A CANADIAN CITIZEN;
- I HAVE BEEN A RESIDENT:
  - A) IN THE PROVINCE FOR THE PAST SIX (6) MONTHS IMMEDIATELY PROCEEDING THE DATE OF THE WRIT
  - B) IN THE POLLING DIVISION ON THE DATE OF THE WRIT OF ELECTON; **October 31, 2017**
- MY ADDRESS FOR VOTING IS AS STATED IN THE RESIDENTIAL ADDRESS ABOVE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF VOTER

**NOTE:** WITH THIS APPLICATION YOU MUST **INCLUDE** AN OFFICIAL DOCUMENT SHOWING YOUR NAME, ADDRESS, DATE OF BIRTH AND SIGNATURE, SUCH AS YOUR DRIVER'S LICENCE OR A COMBINATION OF TWO DOCUMENTS SHOWING THE REQUIRED INFORMATION. ALL DOCUMENTS MUST BE LEGIBLE.

**IF YOU ARE APPLYING TO VOTE BY MAIL-IN BALLOT AND YOUR APPLICATION IS ACCEPTED,  
YOU MAY NOT VOTE IN ANY OTHER MANNER.**

**RETURN BY MAIL, FAX, EMAIL OR IN PERSON. ALL APPLICATIONS MUST BE RECEIVED BY 6:00 PM on November 14, 2017 TO:**

**Physical Location**

Chief Electoral Officer  
 176 Great George St., Suite 160  
 Charlottetown, PE

**Mailing Address**

Chief Electoral Officer  
 PO Box 774  
 Charlottetown, PE C1A 7L3

**Email Address**

voting@electionspei.ca

TELEPHONE: **902-368-5895** TOLL FREE: **1-888-234-8683**

Office Use Only

DATE RECEIVED: \_\_\_\_\_

EPEI OFFICIAL \_\_\_\_\_