



**Finance, Energy and
Municipal Affairs
Municipal Affairs and
Provincial Planning**

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Municipal By-Election Summary Report

DATE of BY-ELECTION _____

Municipality: _____	Name of Administrator: _____
Mailing Address: _____	Name of Returning Officer _____
Phone Number: _____	Number of Electors present and voting: _____
(please complete even if positions are filled by acclamation)	

Votes Cast for Mayor/Chairperson & Councillor Positions

Candidates for Mayor/Chairperson	Number of Votes	Elected	Acclaimed	Not Elected
Candidates for Councillor	Number of Votes	Elected	Acclaimed	Not Elected
Continuing Members of Council				

Total Number of Councillor Positions _____ Total Number of Councillor Positions Filled _____
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➤ **Please ensure that copies of the by-election advertisements are attached to this report**

(Date)

(Administrator's Signature)

**Please FILE A COPY OF THIS REPORT with MUNICIPAL AFFAIRS within 24 hours of the election.
See above address or reply by fax at (902) 569-7545**