

FORM 21

SECTION 76

APPLICATION FOR A PROXY VOTE

(This form is to be submitted to the Returning Officer before 5:00 p.m. on Friday, the eighth day before ordinary polling day.)

I declare that

1. I am number _____ on the list of electors of Polling Division Number _____ in
Polling District Number _____ of the Town/Municipality/Regional Municipality of
_____.

2. I am applying to vote by proxy because (**place check mark next to the applicable statement**)

_____ I will be absent from the Municipality on the advance poll days on ordinary polling day,

OR

_____ I cannot attend at the polling station because of illness or physical disability.

3. I appoint as my proxy voter _____

who is (**place a check mark next to the applicable statement**)

_____ an elector on the list of electors in my polling division and whose number on the list of electors is _____,

OR

_____ related to me as _____
*(Give relationship: child/grandchild/brother/
sister/parent/grandparent/husband/wife)*

and who is an elector on the list of electors of Polling Division Number _____ in the
Town/Municipality/Regional Municipality of _____.

(FOR THE RESIDENTS OF HOMES FOR THE AGED APPROVED OR NURSING HOMES LICENSED UNDER THE *HOMES FOR SPECIAL CARE ACT* ONLY)

_____ related to me as _____
(Give relationship: child/grandchild/brother
sister/parent/grandparent/husband/wife)

and who is eighteen years of age or will be on ordinary polling day.

I declare that the above statements have been read to me or read by me and are true.

I also understand that I cannot vote in person on ordinary polling day unless I cancel the proxy paper before five o'clock on the afternoon of Friday, the eighth day before ordinary polling day.

Dated at _____ this _____ day of _____, _____

Signature of the Elector

SIGNATURE OF PROXY VOTER

I, _____ certify that
(name of proxy voter)

1. To the best of my knowledge, information and belief, all the information contained on the above appointment of proxy voter is correct; and

2. **(Place a check mark next to the applicable statement)**

_____ I have not previously been appointed proxy voter for any other elector at the pending election.

OR

_____ I have only been appointed as proxy voter during the pending election for:

(Name and full address)

who is related to me as follows:

*(give relationship: child/grandchild/brother/
sister/parent/husband/wife)*

3. I am **(place a check mark next to the applicable statement)**

_____ an elector on the list of electors in the same polling district as the elector for whom I have been appointed proxy voter,

OR

_____ related to the elector for whom I have been appointed as proxy voter as _____, and I am an elector on the list of electors
*(give relationship: child/grandchild/brother/
sister/grandparent/husband/wife)*
of Polling Division Number _____ In the Town/Municipality/Regional Municipality
of _____.

OR

(FOR PROXY VOTERS FOR RESIDENTS OF HOMES FOR AGED APPROVED OR NURSING HOMES LICENSED UNDER THE *HOMES FOR SPECIAL CARE ACT*)

_____ related to the elector for whom I have been appointed as proxy voter as

_____,
(give relationship: child/grandchild/brother/
sister/parent/grandparent/husband/wife)

and am of eighteen year of age or will be on ordinary polling day.

Dated at _____ this ____ day of _____,_____.

Signature of Proxy Voter

NOTICE: This form must be presented to the Returning Officer by the elector or proposed proxy voter in person before five o'clock on the afternoon of Friday the eighth say before ordinary polling day so that a Proxy Paper in Form 22 may be issued.

CAUTION: APPOINTING A PROXY VOTER MEANS THAT THE ELECTOR CANNOT VOTE OTHER THAN BY PROXY

THIS APPLICATION FORM DOES NOT PERMIT AN ELECTOR TO VOTE ON ELECTION DAY