Return to : Sarann Press Ph: 1-877-210-4373 Fax: 250-426-7264 Mail or Drop off to: 40 10th Ave. S. Cranbrook, BC V1C 2M8 Email: Elections.officer@cranbrook.ca

INSTRUCTIONS: REQUEST FOR MAIL BALLOT

- 1. Complete this application form and email, fax, mail, or deliver it to the chief election officer (contact information above).
- 2. If your application is complete and you qualify to vote by mail ballot, a mail ballot package will be sent to you as soon as the ballots are available. If we receive your application after DEADLINE DATE AND TIME, the time may be insufficient for mailing and receipt of the ballot; we recommend that you arrange to pick up a mail ballot package from the City of Cranbrook offices.
- 3. You are responsible for ensuring that your completed ballot and documents are received by the chief election officer on GENERAL VOTING DAY before the close of voting at 8 p.m.

١,	apply to vote by mail as a [please choose (A) or (B)]:	
	(Please print full name of elector)	
A.	Resident Elector	
	(Please print residential address and postal code)	
OR		
В.	Non-Resident Property Elector	
	(Please print address of real property in relation to which the elector is voting)	
and request that I receive a ballot to vote by mail, under the provisions of the Local Government Act		

I hereby declare that I am:

- 18 years of age or older on general voting day _____; and
- a Canadian citizen; and

section 110 in the election on GENERAL VOTING DAY

- a resident of British Columbia for at least six months immediately before the day of voter registration; and
- a resident of the municipality; OR
 a non-resident owner of real property in the municipality for at least 30 days immediately before
 the day of voter registration; and

not disqualified by law from voting in an election or otherwise disqualified by law.

2 Pieces of Identification Provided (Types):

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PAGE 1 OF 2 PLEASE FLIP PAGE

I request that you provide me with a mail ballot package as follows (check ONLY one):			
	keep it at the LOCAL GOVERNMENT Office for me to pick up;		
	keep it at the LOCAL GOVERNMENT Office for the following person to pick up : Name and		
	Address:		
	mail it to my residential address; or mail it to the following address:		
Date:			
Signatu	re of Elector:		
Phone r Elector	number and/or email address of :		
Freedo	m of Information and Protection of Privacy Act Notice		

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act sections 26(a) and 26(c) and will be used only for the purpose of the mail ballot voting process for the 2021 by-election pursuant to the Local Government Act section 110. If you have any questions about the collection and use of this information, please contact the chief election officer or deputy chief election officer, LOCAL GOVERNMENT OFFICE, PHONE NUMBER OR EMAIL ADDRESS.