



MAIL BALLOT APPLICATION

APPLICANT INFORMATION (*required field)			
Last Name *	First Name *	Middle Initial	
Residential Street Address *	Apt. No.	City/Town/Village *	
Mailing Address or P.O. Box * (if different from residential address)		City/Town/Village *	Postal Code *
Phone Number:		Email Address:	
Date of Birth * MM DD YY ____/____/____	or	Last 6 digits of Social Insurance Number * XXX/____/____	

2 pieces of identification (at least one with a signature) to prove both residency and identity are required to accompany this application

Acceptable documents include:

- | | | |
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| <ul style="list-style-type: none"> • British Columbia <ul style="list-style-type: none"> ○ Driver's License ○ ID Card ○ Services Card ○ Care Card or Gold Care Card | <ul style="list-style-type: none"> • Utility Bill • Social Insurance Card • Citizenship Certificate • Real property tax notice • Bank/Credit card or statement | <ul style="list-style-type: none"> • Ministry of Social Development and Poverty Reduction Request for Continued Assistance Form SDES8 • ICBC Owner's Certificate of Insurance and Vehicle License |
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ELECTOR REGISTRATION

I acknowledge that, if not already registered as an elector, this application must be accompanied by an application to register as a resident elector or non-resident property elector.

If registering as a resident elector, please refer to **Form 7-1** (Application for Registration as a Resident Elector).

If registering as a non-resident property elector, please refer to **Form 7-2** (Application for Registration as a Non-Resident Property Elector).

MAIL BALLOT PACKAGE

I request that my mail ballot package:

- be sent to my mailing address by regular post*;
- be held at the Regional District office for pick-up
- be sent to the below alternate address by regular post*:

**Note: mail ballot packages will be sent by regular post unless elector has made alternate arrangements for delivery.*

Please include the following ballots* in my mail ballot package:

** I acknowledge that I will be disqualified from voting in-person if my mail ballot application is approved.*

DECLARATION

By signing and submitting this application I declare that:

1. I am a Canadian citizen;
2. I am currently, or will be 18 years of age or older on General Voting Day;
3. I am and have been a resident of British Columbia for the past 6 months immediately before today;
4. I am a resident of the above noted voting jurisdiction; **OR**
I am a non-resident owner of real property within the above voting jurisdiction for at least 30 days immediately before today;
5. I am not disqualified by the *Local Government Act* or any other enactment or law from voting in an election in British Columbia, and am not otherwise disqualified from voting;
6. The information provided herein is accurate and complete to the best of my knowledge.

Signed

Dated

Submit application to: Chief Election Officer, Strathcona Regional District
 #301 – 990 Cedar Street, Campbell River, BC V9W 7Z8
 Fax: (250) 830-6710 Email: elections@srd.ca