



Municipality of Grey Highlands  
Municipal Election 2022

Application to Amend the Voters' List

Check only one: ☐ add applicant's name to list  
☐ correct applicant's information on list  
☐ delete applicant's or family member's name from list ( ☐ deceased ☐ moved ☐ other)

Name of Applicant		Date of Birth (yyyy/mm/dd)
Last	First	Middle

Qualifying address on Voting Day		<input type="checkbox"/> commercial property	At qualifying address, applicant is
			<input type="checkbox"/> Owner <i>since</i> _____
			<input type="checkbox"/> Tenant <i>since</i> _____
			<input type="checkbox"/> Spouse <i>since</i> _____
			<input type="checkbox"/> Boarder* <i>since</i> _____
			date
			<input type="checkbox"/> unqualified (deleted name only)
Street number and name		Apt/unit #	
Grey Highlands			
Municipality	Postal code	Assessment Roll Number	

Previous qualifying address (if applicable)		At previous qualifying address, applicant was
		<input type="checkbox"/> Owner
		<input type="checkbox"/> Tenant
		<input type="checkbox"/> Spouse
		<input type="checkbox"/> Boarder*
		*Boarder includes child of Owner, Tenant or Spouse
Street number and name		Apt/unit #
Municipality	Postal Code	Assessment Roll Number

Current mailing address of applicant (if different than qualifying address)			
Street number & name	Apt/unit #	Municipality	Postal code

School Support
<input type="checkbox"/> Applicant is Roman Catholic (includes Greek & Ukrainian Catholics)
<input type="checkbox"/> Applicant has French Language Education Rights

Applicant wishes to be an elector for the following School Board
<input type="checkbox"/> English-Public (anyone can support English Public)
<input type="checkbox"/> English-Separate (applicant must be Roman Catholic)
<input type="checkbox"/> French-Public (applicant must have French Language Education Rights)
<input type="checkbox"/> French-Separate (applicant must be Roman Catholic and have French Language Education Rights)

**Declaration**

I, the undersigned, hereby declare that I am a Canadian Citizen, that I have attained the age of eighteen (18) on or before Voting Day, and that on Voting Day, I am entitled to be an elector in accordance with the facts or information submitted on this form, and that I understand the effect thereof. I hereby apply to have my name included, or amendments made to the Voters' List in accordance with such facts or information.

Signature of applicant	Date
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Certificate of Approval (to be completed by Clerk or designate)	
<input type="checkbox"/> Approved I hereby certify that the Voters' List in this municipality shall be amended in accordance with the statement of facts or information contained herein.	<input type="checkbox"/> Refused (state reason)

Signature of Clerk or designate	date
Information on this form is collected under the authority of Sections 17, 24 and 25 of the <i>Municipal Elections Act, 1996</i> , and Sections 15 and 16 of the <i>Assessment Act</i> , and will be used to determine voter eligibility. Questions about collection of this information should be directed to the Municipal Clerk at clerk@greyhighlands.ca or by calling 519-986-2811 ext. 233	