



MAIL BALLOT APPLICATION

Please complete this form and return it to the District of Maple Ridge Election Office in person, email to election@mapleridge.ca fax to 604 467 7329 or mail to 11995 Haney Place, Maple Ridge, BC V2X 6A9

Please note it is the responsibility of the voter to return a mail ballot to the District of Maple Ridge prior to 8:00pm Saturday November 19th. For more information please contact the Election Office at 604 467 7424 or election@mapleridge.ca. Please note: By law once you have registered to vote by Mail Ballot this is the only way you can vote. You cannot vote at the regular or advance polls.

I, _____
Given Name(s) Surname

Of _____
Residential address

And for non resident property electors the address of real property in relation to which the elector is voting

Contact Phone Number: _____

Request to receive a mail ballot package as allowed under Section 100 of the *Local Government Act* for the 2011 General Local Election held Saturday November 19th 2011.

I declare that I meet the following requirements:

- I am a Canadian citizen;
- I am or will be on general voting day, age 18 or older;
- I have been a resident of British Columbia for at least 6 months immediately before today;
- I have been a resident of Maple Ridge for at least 30 days immediately before today **OR** a non-resident owner of real property in Maple Ridge for at least the past 30 days;
- I am not disqualified by the *Local Government Act* or any other enactment from voting and am not otherwise disqualified by law.

I further declare I am entitled to vote for the following reasons

I have a physical disability, illness or injury that affects my ability to vote at another voting opportunity for this election **and/or**

I expect to be absent from the District of Maple Ridge at the times of all Advance Voting and on General Voting Day (November 5th, November 9th, and November 19th)

Please provide me a Mail Ballot Package as follows (check only one) Ballots will NOT be mailed after November 10th

_____ I will pick it up from the District of Maple Ridge Election Office during regular office hours

_____ Mail it to my residential address as above

_____ Mail it to the following address _____

_____ I hereby authorize _____ to pick it up on my behalf.

Signature of Elector

Date