



APPLICATION TO VOTE BY MAIL

- Instructions:**
1. Complete this form and deliver by hand, mail, fax or scanned email to the Legislative Services Department, 455 Wallace Street, Nanaimo, BC V9R 5J6.
Fax: 250-755-4435
Email: elections@nanaimo.ca
 2. If your application is filled out correctly, the Legislative Services Department will send you a mail ballot package as soon as possible after September 26, 2018 (if we receive your application after October 5 and time may not permit mailing, you should arrange to pick up a package from the Legislative Services Department).
 3. You are responsible for ensuring that your completed ballot is received before 4:30 p.m. on Friday, October 19, 2018 in the Legislative Services Department, 455 Wallace Street, Nanaimo, BC V9R 5J6 or between 8:00 am and 8:00 pm on General Voting Day, Saturday, October 20, 2018 at the City of Nanaimo Service and Resource Centre Voting Place located on the First Floor, 411 Dunsmuir Street.
 4. If you have any questions, phone the Legislative Services Department at 250-755-4405, or send an email to elections@nanaimo.ca

PLEASE PRINT

I, _____,
NAME OF ELECTOR

of _____,
RESIDENTIAL ADDRESS OF ELECTOR - including postal code

and _____,
 (FOR NON-RESIDENT PROPERTY ELECTORS) ADDRESS OF REAL PROPERTY IN RELATION TO WHICH ELECTOR IS VOTING

and _____,
 (telephone number)

request that I receive a ballot to vote by mail, under the provisions of Section 110 of the *Local Government Act*, in the General Local Election to be held on Saturday, October 20, 2018. I hereby declare that I am:

- 18 years of age or older on October 20, 2018; **AND**
- a Canadian citizen; **AND**
- a resident of the City of Nanaimo for at least the past 30 days OR a non-resident owner of real property in the City of Nanaimo for at least the past 30 days; **AND**
- a resident of BC for at least the past 6 months; **AND**
- not disqualified by law from voting in an election.

I further declare that I am entitled to vote by mail for the following reason(s) (*check at least one*):

- 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 city at the times of all advance voting opportunities (October 10 and October 17, 2018) and on General Voting Day (October 20, 2018).

I request you to provide me a mail ballot package as follows (*check only one*):

- mail it to my residential address; **OR**
- mail it to the following address: _____; **OR**
- keep it at the Legislative Services Department for me to pick up; **OR**
- keep it at the Legislative Services Department for a third party to pick up on my behalf.

The third party is: _____ (*Third party must be 18 years of age or older*)

 SIGNATURE OF ELECTOR

 WITNESS

 DATE

 ADDRESS OF WITNESS