

# APPLICATION FOR SPECIAL (MAIL-IN) BALLOTS MUNICIPAL ELECTIONS



## FILL OUT THIS APPLICATION TO VOTE IF YOU ARE AWAY FROM HOME

### YOU ARE ELIGIBLE TO VOTE EVEN WHEN YOU ARE AWAY FROM HOME IF:

- ✓ You are a Canadian Citizen,
  - ✓ You will be 18 years or older on Election Day,
  - ✓ You have lived in Nunavut for at least one year,
- ✓ You are still a current resident of the community,
  - ✓ You are not disqualified from voting.

### IF YOU ARE NOT ON THE VOTERS LIST, INCLUDE A COPY OF YOUR IDENTIFICATION TO BE REGISTERED:

- ✓ **ONE** PIECE OF ID THAT SHOWS YOUR NAME, NUNAVUT ADDRESS AND SIGNATURE; **OR**
- ✓ **TWO** PIECES OF ID: **ONE** WITH YOUR NAME AND SIGNATURE + **ONE** WITH NAME AND NUNAVUT ADDRESS.

### PLEASE PRINT CLEARLY (Fields marked ♦ are mandatory)

<b>NUNAVUT HOME COMMUNITY♦</b>	<b>LAST NAME♦</b>	<b>FIRST AND MIDDLE NAME(S)♦</b>	
<b>DATE OF BIRTH♦</b> ____ / ____ / ____ <small>YYYY / MM / DD</small>	<b>GENDER♦</b>	<b>PHONE NUMBER</b> ( )	WORK <input type="checkbox"/> HOME <input type="checkbox"/>
<b>NUNAVUT HOME &amp; MAILING ADDRESS♦</b>		<b>EMAIL ADDRESS</b>	
<small>HOUSE/APT #</small>   <small>STREET</small>	<small>PO BOX</small>   <small>POSTAL CODE</small>		

<b>I HAVE LIVED IN MY NUNAVUT HOME COMMUNITY♦</b> <input type="checkbox"/> ALL MY LIFE <input type="checkbox"/> SINCE ____ / ____ / ____ <small>YYYY / MM / DD</small>	<b>I HAVE LIVED IN NUNAVUT♦</b> <input type="checkbox"/> ALL MY LIFE <input type="checkbox"/> SINCE ____ / ____ / ____ <small>YYYY / MM / DD</small>
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<b>TEMPORARY HOME &amp; MAILING ADDRESS♦</b>						
<small>HOUSE/APT #</small>   <small>STREET</small>	<small>TOWN/CITY</small>	<small>PO BOX</small>	<small>PROV/TERR</small>	<small>POSTAL CODE</small>	<small>COUNTRY</small>	

<b>TEMPORARY PHONE NO.</b> ( )	<b>TEMPORARY EMAIL</b>
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### I AM REQUESTING THE FOLLOWING SPECIAL BALLOT(S) FOR MY MUNICIPAL ELECTION♦

<input type="checkbox"/> MAYOR AND COUNCILLOR  <input type="checkbox"/> DISTRICT EDUCATION AUTHORITY	<input type="checkbox"/> I AM A RESIDENT OF <b>APEX</b> AND WANT TO VOTE FOR THE <b>APEX DISTRICT EDUCATION AUTHORITY.</b>  <input type="checkbox"/> I AM A REGISTERED FRENCH LANGUAGE RIGHTS HOLDER AND WANT TO VOTE FOR THE <b>COMMISSION SCOLAIRE FRANCOPHONE DU NUNAVUT</b>
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<b>FOR VOTER:</b> I certify that the information above is correct and I am eligible to vote. I declare that I have not already voted in this election, and I will not attempt to vote any other way in this election.  X _____ Voter's Signature  _____ Date	<b>FOR ELECTION OFFICER:</b> I believe the information above is true.  X _____ Election Officer Signature  _____ Date  Community:                      Poll:                      Voter ID #:
FOR OFFICE USE ONLY	

## SCAN & EMAIL, MAIL OR FAX THIS COMPLETED FORM TO ELECTIONS NUNAVUT:

info@elections.nu.ca   
 800.269.1125   
 Box 39, Rankin Inlet, NU X0C 0G0   
 800.267.4394

***Privacy Statement:** The information in this form is collected under the authority of the Nunavut Elections Act. The information will only be used for elections, by-elections and plebiscites. Questions can be directed to: Chief Privacy Officer, Elections Nunavut: privacy@elections.nu.ca or call 800.267.4394.*