APPLICATION FOR SPECIAL (MAIL-IN) BALLOTS
MUNICIPAL ELECTIONS

ᓄᓇᕗᒻᒥ ᓂᕈᐊᖅᑐᓕᕆᔨᒃᑯᑦ
NUNAVUNMI NIGUAKNIK
ELECTIONS NUNAVUT
ÉLECTIONS NUNAVUT

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)

NUNAVUT HOME COMMUNITY♦	LAST NAME♦	FIRST AND MIDDLE NAME(S)♦

DATE OF BIRTH♦	GENDER♦	PHONE NUMBER
/ / YYYY / MM / DD		( ) WORK ☐ HOME ☐

NUNAVUT HOME & MAILING ADDRESS♦	EMAIL ADDRESS
HOUSE/APT # | STREET | PO BOX | POSTAL CODE	

I HAVE LIVED IN MY NUNAVUT HOME COMMUNITY♦	I HAVE LIVED IN NUNAVUT♦
☐ ALL MY LIFE ☐ SINCE / / YYYY / MM / DD	☐ ALL MY LIFE ☐ SINCE / / YYYY / MM / DD

TEMPORARY HOME & MAILING ADDRESS♦

HOUSE/APT # | STREET | TOWN/CITY | PO BOX | PROV/TERR | POSTAL CODE | COUNTRY

TEMPORARY PHONE NO. ( )	TEMPORARY EMAIL

I AM REQUESTING THE FOLLOWING SPECIAL BALLOT(S) FOR MY MUNICIPAL ELECTION♦

- ☐ MAYOR **AND** COUNCILLOR
- ☐ DISTRICT EDUCATION AUTHORITY
- ☐ ALCOHOL EDUCATION COMMITTEE
- ☐ I AM A RESIDENT OF **APEX** AND WANT TO VOTE FOR THE **APEX DISTRICT EDUCATION AUTHORITY.**
- ☐ I AM A REGISTERED FRENCH LANGUAGE RIGHTS HOLDER AND WANT TO VOTE FOR THE ***COMMISSION SCOLAIRE FRANCOPHONE DU NUNAVUT***

FOR VOTER: 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

FOR ELECTION OFFICER: 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.*