

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

**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)**

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<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>				<b>I HAVE LIVED IN NUNAVUT♦</b>			
<input type="checkbox"/> ALL MY LIFE		<input type="checkbox"/> SINCE		<input type="checkbox"/> ALL MY LIFE		<input type="checkbox"/> SINCE	
		<small>YYYY / MM / DD</small>				<small>YYYY / MM / DD</small>	
<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>			
<b>I AM REQUESTING THE FOLLOWING SPECIAL BALLOT(S) FOR MY MUNICIPAL ELECTION♦</b>							
<input type="checkbox"/> MAYOR AND COUNCILLOR		<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"/> DISTRICT EDUCATION AUTHORITY		<input type="checkbox"/> I AM A FRENCH LANGUAGE RIGHTS HOLDER AND WANT TO VOTE FOR THE <b>COMMISSION SCOLAIRE FRANCOPHONE DU NUNAVUT</b>					
<input type="checkbox"/> ALCOHOL EDUCATION COMMITTEE							
<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			
		<small>Community:</small>		<small>Poll:</small>		<small>Voter ID #:</small>	
<small>FOR OFFICE USE ONLY</small>							

**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](mailto:privacy@elections.nu.ca) or call 800.267.4394.