ID Provided: _____ Phone Number:_____

Application to Amend Voters' List (EL 15)
Municipal Elections Act, 1996 (s. 17, s. 24, s. 25)

EAST ZORRA-TAVISTOCK

☐ **Add** name to the Voters' List
☐ **Correct** information on the Voters' List: _____
☐ **Remove** name (yourself or family members) from the Voters' List (☐ deceased ☐ moved)
If removing, state relationship to voter: _____

Voter Information			
Name:			
	Last or Single Name	First Name	Middle Name
Date of Birth:			
	Year	Month	Day
Please confirm that you are a Canadian Citizen:	☐		

Qualifying address on Voting Day ☐ Commercial property			
Street number and name	Apt. Number	Roll number	Ward Number
City	Postal Code	(if house apartment, indicate floor level – basement, 1st floor)	

At qualifying address voter is:
☐ Owner ☐ Tenant ☐ Spouse of Owner or Tenant ☐ Boarder / Other

Previous Qualifying address within Township of East Zorra-Tavistock (if applicable)			
Street number and name	Apt. Number	Roll number	Ward Number
City	Postal Code	(if house apartment, indicate floor level – basement, 1st floor)	

At previous qualifying address voter was:
☐ Owner ☐ Tenant ☐ Spouse of Owner or Tenant ☐ Boarder / Other

Current mailing address ☐ Same as qualifying address			
Street number and name	Apt. Number	City	Postal Code

School Support (check only one)

☐ English Public (anyone can support English Public)
☐ English Separate (I confirm that I am Roman Catholic – includes Greek and Ukrainian Catholic)
☐ French Public (I confirm that I have French Language Education Rights)
☐ French Separate (I confirm that I am Roman Catholic and have French Language Education Rights)

Declaration of Applicant

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) years on or before Monday, October 26, 2026 (Voting Day), and that on Voting Day, I am entitled to be an elector in accordance with the facts or information submitted above, and that I understand the effect thereof. I hereby apply to have the Voters' List amended based on the above information; **OR**,

I hereby declare that the person named above as entered on the Voters' List for the Township of East Zorra-Tavistock is deceased and hereby apply to have the above named person removed from the Voters' List.

Signature of Voter or Applicant	Date

Name of Applicant if not the Voter listed above

This information is collected under authority of s.17, s.24 and s.25 of the *Municipal Elections Act* and will be used to determine voter eligibility. Questions about this collection can be directed to the Township Clerk, 89 Loveys Street, Hickson, ON, N0J 1L0, 519-462-2697 or clerks@ezt.ca.

Certificate of approval (to be completed by Clerk or designate):	
☐ Approved I hereby certify that the Voters' List for the Township of East Zorra-Tavistock shall be amended in accordance with the above statement of facts or information.	☐ Refused (Explanation):
Signature of Clerk or designate	Date