

Application For Revisions to Voters' List



Form EL17 (2011)
The Municipal Election Act 1996
Municipal By-Election 2011

For information please call: 905-615-VOTE or 905-615-8683

This information is collected under the authority of s.17,s.24 and s.25 of the *Municipal Elections Act* and s.15 and s.16 of the *Assessment Act* and will be used to determine voter eligibility.

<input type="checkbox"/> Reason for Revision (check only one)	<input type="checkbox"/> add applicant's name to list	<input type="checkbox"/> Change: I have changed my name and wish to have it updated	<input type="checkbox"/> Correction: My name was misspelled and wish to have it updated
<input type="checkbox"/> Moved within Mississauga	<input type="checkbox"/> correct applicant's information on list	<input type="checkbox"/> delete applicant's or family member's name (please indicate reason)	<input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> other

Name of Applicant	Given Name	Middle Name
Current/Correct - Surname:		
Date of Birth (Year/Month/Day)	Given Name	Middle Name
Previous - Surname:		

Qualifying Address on Voting Day:	<input type="checkbox"/> Commercial Property	<input type="checkbox"/> 1st Floor	<input type="checkbox"/> 2nd Floor	<input type="checkbox"/> Basement
Street #	Street	Apt/Unit #	Telephone #	
City	Postal Code	Roll #	Ward #	Voting Subdivision
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse	<input type="checkbox"/> S.S.P.
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse	<input type="checkbox"/> S.S.P.
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse	<input type="checkbox"/> S.S.P.
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse	<input type="checkbox"/> S.S.P.
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse	<input type="checkbox"/> S.S.P.
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse	<input type="checkbox"/> S.S.P.

Current Mailing Address: (if different than Qualifying Address)	<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)
Street #	Street	Apt/Unit #
City	Province	Postal Code
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Spouse

ADDITIONS/CORRECTIONS (Show how information is to appear)	Occupancy Status	Non-resident
Board <input type="checkbox"/> Public <input type="checkbox"/> Separate	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Spouse <input type="checkbox"/> Anyone resident but not Owner, Tenant or Spouse (eg.child over 18)	<input type="checkbox"/> If you own property in Mississauga but reside elsewhere
Only Roman Catholics are eligible to vote for Separate School Boards.		
Language <input type="checkbox"/> English <input type="checkbox"/> French		
To vote for French Language Board - the elector must have French Language rights under the Canadian Charter of Rights and Freedoms.		

Form Submission by Agent of Applicant
If this signed application is submitted by an agent of the applicant, the agent shall declare as follows: I hereby declare that I am the agent for the applicant named herein and on her/his behalf I file this application signed by her/him.
Name of Agent _____
Signature of Agent _____
Address _____
Telephone Number _____

<input type="checkbox"/> Oath of Qualification
I, the undersigned, hereby declare that I am a Canadian Citizen, that I have attained the age of eighteen (18) on or before Voting Day, and that on Voting Day, I am entitled to be an elector in accordance with the facts or information submitted on this form, and that I understand the effect thereof. I hereby apply to have my name included or amendments made on the Voters' List in accordance with such facts or information.
Signature of Applicant _____
Date _____

To be completed by Election Official only: Certificate of Approval	<input type="checkbox"/> Approved	<input type="checkbox"/> Refused (state reason)
I hereby certify that the Voters' List for said voting subdivision in this municipality shall be amended in accordance with the statement of facts or information contained herein.		
Signature of Clerk or Election Official _____	Date _____	