

Application to Amend Voters List

Completed forms may be delivered in-person to Town Hall, any Voter Assistance Centre or Revision Centre, or mailed to:

Town of Ajax
2018 Election - Revisions
65 Harwood Avenue South
Ajax, ON, L1S 2H9



Election Help Line:
905-619-2529 x 8683 (VOTE)

Please note that additions to the list must be submitted in person with valid ID.

1. Change Requested (*check only one*):

I wish to:

- Correct** my information on the Voters' List
- Add** my name to the Voters' List (valid ID must be presented in-person)

2. Applicant Information

Last Name:	First Name(s):
Date of Birth (yyyy/mm/dd):	
Phone # and/or E-mail:	

3. Qualifying Address

Street Address:	Apt./Unit #:
Municipality:	Postal Code:
At qualifying address, I am (<i>check one</i>):	
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Spouse of Owner or Tenant <input type="checkbox"/> Boarder/Other	
If you have moved within Ajax in the last five years, please provide your previous address:	

4. Mailing Address

If you would like a copy of this form mailed to you, please enter your mailing address below:

- My mailing address is the same as my Qualifying Address
- Please mail a copy of this form to: _____
(Mailing Address)

5. School Support

I wish to be an elector for the following school board (*check only one*):

- 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*)

6. Oath & Signature

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) on or before Monday, October 22, 2018 (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. I hereby apply to have my name included or amendments made to the Voters List in accordance with such facts or information.

Signature of Applicant

Date (yyyy/mm/dd)

FOR ELECTION OFFICIAL USE ONLY

Application Approved

I hereby certify that the Voters List in the Town of Ajax shall be amended in accordance with the statement of facts or information contained herein.

Signature of Clerk or designate

Date (yyyy/mm/dd)

Application Refused

Explanation: