



**Application to Vote (Voter  
Information Card Used by an  
Imposter)**

Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Qualifying Address**

Suite/Unit Number: \_\_\_\_\_ Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address (if different than qualifying address above)**

Suite/Unit Number: \_\_\_\_\_ Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I, the above-named individual, having provided proof of identity as prescribed in O. Reg. 304/13 to the Election Manager or Assistant Election Officer, or completed a "Declaration of Identity" Form RD19, do hereby make the following declaration:

1. That I am an eligible Member of the River District Business Improvement Area and that I am on the Voters' List.
2. That I have not personally used my Voter Information Card or provided it to another person for voting purposes.
3. That I am **unable to vote** because my Voter Information Card has been used by an imposter.
4. That I understand and agree that I will be required to vote immediately at the Voting Place and:  
 I currently have no knowledge of who has used my Voter Information Card but if I obtain additional information as to who has used my Voter Information Card, I will provide such knowledge to the police for further investigation and prosecution, or  
 I have personal knowledge of who has used my Voter Information Card and will provide such knowledge to the police for further investigation and prosecution.
5. That I understand that should the Voter Information Card be received by mail or found, I shall immediately return the Voter Information Card to the Election

Manager, and I shall not attempt to use or give the Voter Information Card to another person for voting purposes.

**I, \_\_\_\_\_, solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

Personal information requested on this form is collected under the authority of the *Municipal Act, 2001* and the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of determining if an applicant can be permitted to vote without a Voter Information Card. Questions about this collection should be directed to the Election Manager at [riverdistrictelection@owensound.ca](mailto:riverdistrictelection@owensound.ca) or 519-376-4440 ext. 1235.

**Election Manager or Assistant Election Officer Use Only**

I, the Election Manager or Assistant Election Officer for the River District Business Improvement Area, hereby acknowledge that I have verified the applicant's identity, permitted the applicant to vote immediately at the Voting Place, and have made note of this approved application on the Voters' List.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

I, the above-named individual, hereby acknowledge that I am being permitted to vote in the River District Board of Management election by the Election Manager or Assistant Election Officer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)