



River District

OWEN SOUND

**Application for Reissue of a
Voter Information Card**

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:
 - have **not received** a Voter Information Card by mail.
 - have **lost or misplaced** my Voter Information Card.
 - have **forgotten** my Voter Information Card and wish to vote at the Voting Place.

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 a Voter Information Card can be reissued or 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 or 519-376-4440 ext. 1235.

Applicant to sign the appropriate acknowledgement below

I, the above-named individual, hereby acknowledge receipt of a new Voter Information Card provided by the Election Manager or Assistant Election Officer.

Signature

Date (yyyy/mm/dd)

- or -

I, the above-named individual, hereby acknowledge that I am being permitted to vote in the River District Board of Management election without a Voter Information Card by the Election Manager or Assistant Election Officer.

Signature

Date (yyyy/mm/dd)