

DOMICILED ELECTOR

Exceptional measures related to the health situation  
(COVID-19)

Form No.

Polling date

Year Month Day

Reference date

Year Month Day

Municipality	Geographic code	District, ward or referendum sector
_____	_____	_____

## SECTION 1 APPLICANT

First name	Last name	Telephone number
_____	_____	_____
Date of birth: _____ Year Month Day	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Language of correspondance: <input type="checkbox"/> French <input type="checkbox"/> English
<b>Address concerned by the application:</b>		
Number and name of roadway	Apt.	Municipality
_____	_____	_____
		Postal code
		_____

## SECTION 2 DECLARATION OF THE ELECTOR ON HIS OR HER SITUATION

My domicile is located in the municipality and I am unable to travel for health reasons.

I am caregiver of an elector domiciled in the municipality who is unable to travel for health reasons and I am domiciled at the same address.

I comply with an order or a recommendation for isolation from public health authorities<sup>1</sup> because I:

- returned from a trip abroad within the last 14 days;
- have been diagnosed with COVID-19 and I am still considered a carrier of the disease;
- am showing COVID-19 symptoms;
- have been in contact with a suspected, probable or confirmed case of COVID-19 within the last 14 days;
- am waiting for a COVID-19 test result.

## SECTION 3 APPLICATION

I request that my name be registered on the list of electors.

**Address of previous domicile (required):**

Number and name of roadway	Apt.	Municipality	Postal code
_____	_____	_____	_____

Enclose a **copy of two documents**, one proving the name and date of birth and the other the name and home address of the person concerned.

I request that my name be **strike off** from the list of electors.

I request that my registration on the list of electors be **corrected** as follow:

\_\_\_\_\_

## SECTION 4 APPLICATION FOR VOTE BY MAIL

I also ask to be able to vote by mail for the municipal general election of November 7, 2021 and any recomences that could result from it.

## SECTION 5 DECLARATION BY THE PERSON CONCERNED BY THE REQUEST

I declare to be an elector of the municipality and to have provided, to the best of my knowledge, truthful information.

Signature	Municipality	Year Month Day
_____	_____	_____

For any questions, you can contact your returning officer at the telephone number opposite.

Telephone number
_____

## RESERVED FOR THE RETURNING OFFICER

Date of receipt of the application: \_\_\_\_\_  
Year Month Day First and last name (block letters) Signature

## RESERVED FOR REVISORS

**Both required documents were presented:**

- Proof of name and date of birth of the person concerned
- Proof of name and address of domicile of the person concerned

**Decision and signature of revisors (at least 2 signatures required):**

- Application accepted
- Application refused Reason: \_\_\_\_\_

Revisor	Revisor	Revisor	Year Month Day
_____	_____	_____	_____