## Voter's Registration Form and Poll Book for Mail-In Ballots FORM R [Subsection 96(2) and 121(2) of the Act]

Name:						
	(First Name)	(Print)	(Last Name)			
Address:						
		(Print)				
By-Election	on held in Ward 8 of The City of Prir	nce Albert.				
Complete	the following by placing an "X" in t	the box to the left of $\epsilon$	each statement that is correct:			
□ 1.	I am a Canadian Citizen					
□ 2.	I am the full age of 18 years or will attain the full age of 18 years on or before Election Day.					
□ 3.	I have not already voted at this election.					
□ 4.	I have resided in Saskatchewan for at least six (6) consecutive months immediately preceding the day of the election.					
5.	Municipal Voters – On the day of the by-election, I:					
	☐ (a) have resided for at least day of the election in or o	` '	ve months immediately preceding the y of Prince Albert; <b>OR</b> ,			
	` '	election of assessab	(3) consecutive months immediately ble land situated in the municipality or			
□ 6.	I am a voter entitled to vote in Ward 8 of The City of Prince Albert Municipal By-Election, and declare that the information given by me with respect to the above statements is true in all respects.					
Dated this	s day of	, 2023.				
Witness:		Voter:				
	(Deputy Returning Officer)		(Voter's Signature)			

## FOR ELECTION OFFICIAL USE ONLY:

MAIL-IN BALLOT REGISTER	Date	Initials
Application Accepted		
Kit Provided to Voter		
Ballot Received		
Ballot Accepted/Rejected		

Ballot Accepted/	Rejected					
			_			
VOTED WITH R	ESPECT TO					
Councillor	Sworn or Refused to Declare	Objection				
Remarks:			Qualifications:	C Number		
Tromanto.			Qualifications.			
				Consecutive N	Number:	

## **Declaration of Person Requesting Mail-in Ballot**

FORM C

[Section 92 of the Act and clause 18(1)(a) of the Regulations]

## **Declaration of Voter:**

- I am qualified to vote in Ward 8 of The City of Prince Albert Municipal By-Election;
- I have completed a Voter's Registration Form; and
- I request that a mail-in ballot be issued to me at the following mailing address:

Street Address/Box Nur	mber	Town/City	Postal Code
	ce and effect as if i		be true and knowing that nation and by virtue of the
Dated this	day of		, 2023.
	(Signature of Pers	son Requesting Mail-in Ballo	ot)
Contact Information	of Person Request	ing Mail-in Ballot:	
Telephone Number		Email Address	
Declaration of Witi	ness:		
Name:			
	(First Name)	(Print)	(Last Name)
Address:		(Print)	
	the person's identi	ty has been establishe	the person named above ed pursuant to <i>The Local</i>
Dated this	day of		, 2023.
Print Full Name		authorized by byla	rning officer or person aw to witness the signature of ing a mail-in ballot)

This Form must be attached to the Voter's Registration Form.

Every person who furnishes false or misleading information to a returning officer or to any person who is authorized to act as an election official is guilty of an offence and liable on summary conviction to a fine of not more than \$5,000.