



Ramara Township Wants You To Vote!

- Are you a Canadian Citizen?
- Are you 18 years of age or older?
- Do you or your spouse live, own, or rent property in Ramara Township?
- Are you a student living away from Ramara Township while at school, but returning “home” to Ramara Township while not at school? Yes, you can vote too!

Let's get voting!

Not on the Voters' List? It's as easy as 1, 2, 3!

1. Fill out the EL 15 form provided on the back of this brochure.
2. Grab an identification card with your name and proof of residency in Ramara Township. Accepted I.D. includes Ontario Drivers Licence, Ontario Health Card, mortgage, Lease or rental agreement, insurance policy, credit card statement, utility bill, etc.
3. Bring the completed EL 15 and identification to the Ramara Administration Centre between September 4 and October 22, 2018. A friendly election worker will confirm your information and add you to the Voters' List.

Ward Map & Candidate Details

To view the Ramara Township ward map or for details on registered candidates, please visit:
www.ramara.ca/election

Internet and Telephone Voting

Voter Information Letters (V.I.L.) will be mailed out during the last week of September and will provide all the information you need to vote online or by telephone.

If you do not receive a V.I.L. by October 12, contact the Ramara Administration Centre to receive one.

Voter Help Centres

Voters requiring assistance to cast a ballot may visit the Ramara Administration Centre during the following dates and times:

- October 12, 15, 16.....9 a.m. to 4 p.m.
- October 17.....9 a.m. to 7 p.m.
- October 18.....9 a.m. to 4 p.m.
- October 20.....10 a.m. to 1 p.m.
- October 22.....9 a.m. to 8 p.m.

Questions?

If you have questions or require assistance, please contact the Legislative Services Department at 705-484-5374 ext. 242 or 256.

For more information visit:
www.ramara.ca/election

Application to Amend Voters' List *Municipal Elections Act, 1996 (s.17, s.24, s.25)*

Check only one

- add applicants name
- correct applicant's information on list
- delete applicants or family members name from list (deceased moved other)

Name of applicant

last	middle

date of birth	year/month/day	

Qualifying address on voting day

	commercial property								
street number and name	apt#	roll number	ward#	at qualifying address, applicant is:					
city	postal code	(if house apartment indicate floor level, etc.)			<input type="checkbox"/> owner since	<input type="checkbox"/> tenant since	<input type="checkbox"/> other since	<input type="checkbox"/> spouse	<input type="checkbox"/> unqualified (deleted name only)

Previous qualifying address (if applicable)

street number and name	apt#	roll number	ward#	at qualifying address, applicant is:						
city	postal code	(if house apartment indicate floor level, etc.)			<input type="checkbox"/> owner since	<input type="checkbox"/> tenant since	<input type="checkbox"/> other since	<input type="checkbox"/> spouse		

Current mailing address (if different than qualifying address above)

street number and name	apt#/unit	city	postal code	at qualifying address, applicant is:						
city	postal code	(if house apartment indicate floor level, etc.)			<input type="checkbox"/> owner since	<input type="checkbox"/> tenant since	<input type="checkbox"/> other since	<input type="checkbox"/> spouse		

School Support

- Applicant is Roman Catholic (includes Greek & Ukranian Catholics)
- Applicant has French Language Education Rights

Applicant wishes to be an elector for the following school board

- English-Public (anyone can support English-public)
- English-Separate (must be Roman Catholic)
- French-Public (must have French Language Education Rights)
- French-Separate (must be Roman Catholic & have French Language Education Rights)

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

Signature of Applicant

Date

Signature of Clerk or Designate

This information is collected under authority of s.17, s.24 and s.25 of the Municipal Elections Act and s.15 and s.16 of the Assessment Act and will be used to determine voter eligibility.

Certificate of Approval (to be completed by clerk or designate)

Approved

Refused (State Reason)

I hereby certify that the Voters' List for said voting subdivision in this municipality shall be amended in accordance with the statement of facts or information contained herein.

Signature of Deputy Returning Officer

Date

Initial once complete

DataFix

Book