

**Elector Register**

*Local Authorities Election Act*  
 (Sections 1(n.1), 47, 53, 54, 59, 78)  
*Education Act (Sections 4(4), 74)*  
*Alberta Senate Election Act*  
 (Sections 5, 37)  
*Referendum Act*  
 (Section 7)

**Note:** The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 53, 54 and 78 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact:

**TOWN MANAGER****780-632-2606**

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION: **TOWN OF VEGREVILLE**, PROVINCE OF ALBERTAELECTION DATE: **October 18, 2021**

VOTING SUBDIVISION OR WARD (If Applicable): \_\_\_\_\_ VOTING STATION: \_\_\_\_\_

**Statement of Elector Eligibility**

I, \_\_\_\_\_ of \_\_\_\_\_  
 Name of Elector Complete Address and Postal Code

am eligible to vote at the above mentioned election because:

- I have not voted before in this election;
- I am 18 years of age or older;
- I am a Canadian Citizen;
- My place of residence is in the Voting Subdivision on Election Day;
- I have provided the required proof of eligibility as required by Section 53 of the *Local Authorities Election Act* or I have been vouched for as to my eligibility by an elector; and
- I am eligible to vote for:

Where applicable: (Select One)

☐ A Public School Trustee☐ A Separate School Trustee\_\_\_\_\_  
Signature of Elector**IT IS AN OFFENCE TO SIGN A FALSE STATEMENT****Deputy Returning Officer**

Deputy's Initials: \_\_\_\_\_

Voter Number: \_\_\_\_\_

☐ Identification Shown ☐ Elector Vouched For**Ballots Issued to Elector** (Check [✓])

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chief Elected Official | <input type="checkbox"/> Bylaw or Question       | <input type="checkbox"/> Senate Nominee |
| <input type="checkbox"/> Councillors            | <input type="checkbox"/> Separate School Trustee |   |
| <input type="checkbox"/> Public School Trustee  | <input type="checkbox"/> Referendum Question(s)  |   |

**Objection to Person Voting**

Name of Candidate/Official Agent/R.O./Scrutineer Making Objection: \_\_\_\_\_

Reason for Objection: \_\_\_\_\_

**Elector who is unable to vote in the usual manner**Ballot of Elector who is Unable to Vote in the Usual Manner Was (Check [✓]) ☐ Marked By Another Person

Reason: \_\_\_\_\_