THE CORPORATION OF THE

CITY OF WHITE ROCK

15322 Buena Vista Avenue, White Rock, BC V4B 1Y6

Mail Ballot Application Form

FULL NAME OF ELECTOR	**ADDRESS TO MAIL THE BALLOT PACKAGE (if different)**
Surname	**Address**
Given Names	**City** **Postal Code**
Address	
City **Postal Code**	
Telephone Number	

NEW ELECTOR YES ☐ **NO** ☐

Method of Mail Ballot request: MAIL ☐ PHONE ☐ OTHER ☐
(if by OTHER please explain) _____

Method of Mail Ballot issuance: MAIL ☐ THIRD PARTY ☐ OTHER ☐
(if by OTHER please explain)_____

▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ Remainder of the form is for Office Use Only ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪

Date of Mail Ballot Request _____, 2009 Date Mail Ballot Issued _____, 2009

Date Mail Ballot returned to the Chief Election Officer _____, 2009

Mail Ballot returned by: MAIL ☐ PHONE ☐ OTHER ☐
_____

Is Certification Complete? **YES** ☐ **NO** ☐

MAIL BALLOT ACCEPTED ☐ **MAIL BALLOT REJECTED** ☐
Reasons for rejection: _____

_____

_____, 2009 _____
Date Chief Election Officer