

## **INSTRUCTIONS: REQUEST FOR MAIL BALLOT**

1. Complete this application form and mail, email, fax, or deliver it to the chief election officer at:

Central Coast Regional District 626 Cliff Street Box 186 Bella Coola, BC VOT 1C0

Email: jprestley@telus.net Fax number: (250) 799-5750

- 2. If your application is complete and you qualify to vote by mail ballot, a mail ballot package will be sent to you as soon as the ballots are available. If we receive your application between August 20 to 22, 2024, the time may be insufficient to mail the ballot to you and for you to return it. We recommend that you arrange to pick up a mail ballot package from the Central Coast Regional District office.
- 3. You are responsible for ensuring that your completed ballot and documents are received by the chief election officer on Saturday, August 24, 2024 (general voting day) before the close of voting at 8 pm.

	pm.			
l,_	apply to vote by mail as a [please choose (A) or (B)]  (Please print full name of elector)			
A.	Resident Elector			
	(Please print residential address and postal code)			
OR				
В.	Non-Resident Property Elector			
	(Please print address of real property in relation to which the elector is voting)			
and request that I receive a ballot to vote by mail, under the provisions of the <i>Local Government Act</i> section 110 in the local government election being held on Saturday, August 24, 2024				
I he	l hereby declare that I am:			
	<ul> <li>□ 18 years of age or older on general voting day (August 24, 2024); and</li> <li>□ a Canadian citizen; and</li> </ul>			
	a resident of British Columbia for at least six months immediately before the general voting day (at time of voting); and			
	a resident of the Regional District; OR a non-resident owner of real property in the Regional District for at least 30 days immediately before general voting day; and			
	$\square$ not disqualified by law from voting in an election or otherwise disqualified by law.			

Instructions: Request for Mail Ballot Page 2 of 2

2 Piece	s of Identification Provided (Types):	
I reque	st that you provide me with a mail ballot package as follows <i>(check</i>	ONLY one):
	keep it at the LOCAL GOVERNMENT Office for me to pick up;	
	keep it at the LOCAL GOVERNMENT Office for the following person	to pick up :
	Name	and
	Address:	
	mail it to my residential address; or	
	mail it to the following address:	
Date:		
Signatu	re of Elector:	
Phone i	number and/or email address of Elector:	

## Freedom of Information and Protection of Privacy Act Notice

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act sections 26(a) and 26(c) and will be used only for the purpose of the mail ballot voting process for the 2022 local government election pursuant to the Local Government Act section 110. If you have any questions about the collection and use of this information, please contact Janet Prestley, chief election officer Central Coast Regional District at (250) 263-8650 or by email at jprestley@telus.net or deputy chief election officer Meg Schadt at (250) 799-5291or by email at ea@ccrd.ca