

## POLLING STATION REQUIREMENT CHECKLIST

<b>District No.:</b>		<b>District Name:</b>	
<b>Poll No.:</b>		<b>Poll Name:</b>	
Evaluation Date:		Was evaluation done on site: YES / NO	
<b>POLL PLACE INFORMATION</b>			
Building Name		Phone No.:	
<b>Civic Address</b> <small>(this will be advertised)</small>			
Contact Person		Phone No.:	Cell No.:
Email Address			
Building Type <small>(circle one)</small>	Apartment   Church Hall   Community Centre   Senior Residence   Other		
If Other-Specify			
WIFI/Internet	YES      NO		
List Polling Stations #			
Dimensions of the polling room (W x L) :			
Other:			
<b>TARIFF OF FEES FOR POLL STATIONS</b>			
<small>Fees are a total cost (Plus HST if applicable)</small>			
<b>Any other charges must be authorized by the Chief Electoral Officer</b>			
			<b>COST</b>
<input type="checkbox"/> Advance Poll per Day	\$500	3 x	<b>\$500</b>
<input type="checkbox"/> Ordinary Polling Day (single)	\$175	1 x	<b>\$175</b>
<input type="checkbox"/> Ordinary Polling Day (multiple)	\$100/per each additional Poll	___ x	<b>\$</b>
<b>TOTAL</b>			<b>\$</b>
Signature of contact person			
Signature of Returning Officer			



# VENDOR REGISTRATION FORM

(see reverse for instructions)

VENDOR #	
VENDOR SITE	

### Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to the Accounts Payable Supervisor at (902) 368-4067.

## SECTION A: STANDARD VENDOR INFORMATION (ALL FIELDS ARE REQUIRED IN SECTION A)

### VENDOR NAME:

REGISTERED COMPANY OR BUSINESS NAME / FIRST NAME	MIDDLE NAME(S)	LAST NAME	EMPLOYEE NUMBER, OR DATE OF BIRTH, OR BUSINESS
		PREVIOUS LAST NAMES	

### CURRENT MAILING ADDRESS:

MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE / ZIP CODE
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### PREVIOUS MAILING ADDRESS:

MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE / ZIP CODE
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### CONTACT INFORMATION:

PHONE (INCLUDING AREA CODE)	EMAIL ADDRESS	CONTACT NAME (COMPANY/BUSINESS)
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PAYMENT CURRENCY:  CAD  USD

## SECTION B: ELECTRONIC PAYMENT SERVICE

Please attach a void cheque, correspondence from Financial Institution or have Financial Institution complete section below

BRANCH NUMBER		BANK OFFICER'S SIGNATURE
INSTITUTION NUMBER		NAME (PRINT)
BANK ACCOUNT NUMBER		

## SECTION C: CERTIFICATION

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. If the payment method chosen is electronic payment then I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

AUTHORIZED SIGNATURE	DATE
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TITLE
FINANCIAL INSTITUTION STAMP HERE

## SECTION D: DEPARTMENT USE ONLY

BUSINESS UNIT:  FIS  MEPS  LMDA  ISM  ELSB  FLSB

ADDRESS PURPOSE:  PAYMENT  SHIPPING VENDOR TYPE:  NON-EMPLOYEE  EMPLOYEE

REQUESTED BY	PHONE NUMBER	DATE
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<b>Inside Building</b>	<b>YES</b>	<b>NO</b>
Weight of interior doors allows for them to open easily?		
Do doors and hallways have minimum clearance of 36"?		
Is voting location on same floor as entrance?		
If <b>"NO"</b> Is there an accessible elevator or ramp?		
Is heating/cooling system adequate?		
Are there washroom facilities?		
Is washroom facility wheelchair accessible?		
Are there any obstacles to impede voters?		
If <b>"YES"</b> please explain: _____		
Is interior lighting sufficient in Polling / Voting area?		
Does polling area have windows?		
Does building have back-up generator?		
If <b>"YES"</b> does it power: Heating/Colling System?		
Lights?		
<b>Additional Facility Information</b>		
# of chairs available		
# of tables available (6ft)		
Dimenisions of Polling Room (Sq Ft) _____	Maximum number of Polling Stations: _____	

Evaluation Date: \_\_\_\_\_  
Was evaluation completed on-site? Yes  No