

# APPLICATION FOR MAIL-IN BALLOT

<b>DISTRICT NUMBER:</b> <small>(if known)</small>		<b>DISTRICT NAME:</b> <small>(if known)</small>	
FAMILY NAME (Print)		GIVEN NAME	MIDDLE NAME
		DATE OF BIRTH YYYY / MM / DD	
<b>YOUR PRINCE EDWARD ISLAND CIVIC ADDRESS</b>			<b>CIVIC ADDRESS TO DELIVER YOUR MAIL-IN BALLOT</b>
CIVIC NUMBER	ROAD / STREET-STREET TYPE	APT	CIVIC NUMBER
CITY OR TOWN		POSTAL CODE	CITY OR TOWN
HOME PHONE NO.	CURRENT PHONE NO. (CELL)	FAX NO.	EMAIL ADDRESS
( )	( )	( )	

**DATE OF ELECTION: APRIL 23, 2019**

**DECLARATION**

I DECLARE:

- I WILL BE AT LEAST 18 YEARS OF AGE ON THE DATE OF THE ELECTION;
- I AM A CANADIAN CITIZEN;
- I HAVE BEEN A RESIDENT:
  - A) IN THE PROVINCE FOR SIX MONTHS PRIOR TO THE WRIT OF ELECTION, AND
  - B) IN THE POLLING DIVISION ON THE DATE OF THE WRIT OF ELECTON;
 WRIT OF ELECTION IS DATED **March 26, 2019**.
- MY ADDRESS FOR VOTING IS AS STATED IN THE CIVIC ADDRESS ABOVE.

DATE

SIGNATURE OF VOTER

**NOTE:** WITH THIS APPLICATION YOU MUST **INCLUDE** AN OFFICIAL DOCUMENT SHOWING YOUR NAME, ADDRESS, DATE OF BIRTH AND SIGNATURE, SUCH AS YOUR DRIVER'S LICENCE OR A COMBINATION OF TWO DOCUMENTS SHOWING THE REQUIRED INFORMATION. ALL DOCUMENTS MUST BE LEGIBLE.

**IF YOU ARE APPLYING TO VOTE BY MAIL-IN BALLOT AND YOUR APPLICATION IS ACCEPTED, YOU MAY NOT VOTE IN ANY OTHER MANNER.**

**RETURN BY MAIL, FAX, EMAIL OR IN PERSON. ALL APPLICATION MUST BE RECEIVED BY 6:00 P.M. April 9, 2019 TO:**

**Physical Location**

Chief Electoral Officer  
 176 Great George St, Suite 160  
 Charlottetown, PE C1A 4K9

**Mailing Address**

Chief Electoral Officer  
 PO Box 774  
 Charlottetown, PE C1A 7L3

**Email Address**

voting@electionspei.ca

TELEPHONE: **902-368-5895** TOLL FREE: **1-888-234-8683** FAX: **902-368-6500**

Office Use Only

DATE RECEIVED: \_\_\_\_\_

EPEI OFFICIAL \_\_\_\_\_