

APPLICATION TO VOTE BY MAIL

Eligible electors

1 IDENTIFICATION OF THE ELECTOR

 First name Last name

Address on the territory of the municipality:

 Number and name of roadway Municipality Apt. Postal code

Address to mail the voting kit (if different from the address on the territory of the municipality):

 Number and name of roadway Municipality Apt. Postal code

Date of birth: | | | _____
 Year Month Day Telephone number (optional) E-mail (optional)

2 DECLARATION OF THE ELECTOR ON HIS OR HER SITUATION

- My domicile is located in the municipality and I am unable to travel for health reasons.
- I am caregiver of an elector domiciled in the municipality who is unable to travel for health reasons and I am domiciled at the same address.
- I will be 70 years of age or older on polling day and the municipality has passed a resolution allowing electors in this age group to vote by mail.
- I comply with an order or a recommendation for isolation from public health authorities¹ because I:
 - returned from a trip abroad within the last 14 days;
 - have been diagnosed with COVID-19 and I am still considered a carrier of the disease;
 - am showing COVID-19 symptoms;
 - have been in contact with a suspected, probable or confirmed case of COVID-19 within the last 14 days;
 - am waiting for a COVID-19 test result.

SIGNATURE

 Signature OR first and last name in print | | | _____
 Year Month Day

- My printed first and last name replace my signature.

Return this form to the returning officer on or before October 27, 2021, at the following address:

 Number and name of roadway Municipality Apt. Postal code

If you have any questions regarding voting by mail, you can contact your returning officer at the telephone number hereof. | | | _____
 Telephone number

1. An elector who complies with an order or a recommendation for isolation from public health authorities can transmit vote by mail only on or after October 17, 2021.