

School board 

 Division 

## APPLICANT

- A relative, the spouse or a person who cohabits with the person concerned
- An elector of the same electoral division
- The person concerned  
(Go to the next section ▼)



Last name	<input type="text"/>		First name	<input type="text"/>	
Number and street	<input type="text"/>			Apartment	<input type="text"/>
Municipality	<input type="text"/>	Postal code	<input type="text"/>	Telephone	<input type="text"/>

## INFORMATION ABOUT THE PERSON CONCERNED BY THE APPLICATION

Enter the information below **as shown on the list of electors**

Last name	<input type="text"/>		First name	<input type="text"/>	
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Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
	YYYY MM DD		

### Address concerned in the application

Number and street	<input type="text"/>			Apartment	<input type="text"/>
Municipality	<input type="text"/>	Postal code	<input type="text"/>		
Telephone (day)	<input type="text"/>			Sector	<input type="text"/>
		Line number of elector appearing on the list of school electors	<input type="text"/>		

## REASON FOR REMOVAL FROM LIST

- Deceased (1)
- No longer lives at this address (2)
- Under curatorship (4)
- Does not wish to vote in any school election (5)
- Double registration (6)
- The address is not the domiciliary address (7)
- The person is not a qualified elector (is not of major age, is not a Canadian citizen, has not been domiciled in Québec for at least six (6) months, or has been convicted of a corrupt electoral practice in the last five (5) years) (8)
- Does not wish to vote in the current election (10)
- Revokes his option (11)

## SWORN STATEMENT BY THE PERSON MAKING THE APPLICATION

I, the undersigned, swear under oath that, to my knowledge, the information provided herein is truthful.

Signed in \_\_\_\_\_ on \_\_\_\_\_ Signature \_\_\_\_\_  
 Municipality Date (YYYY-MM-DD)

## RECEIPT OF THE APPLICATION BY A DESIGNATED PERSON OR THE RETURNING OFFICER

\_\_\_\_\_  
 First name and last name (please print) Signature Date (YYYY-MM-DD)

## RESERVED FOR REVISORS

Revisors' decision and signatures (at least two (2) signatures are required):

Application accepted ▶ Proof presented (where applicable): \_\_\_\_\_

Application refused ▶ Reason: \_\_\_\_\_

\_\_\_\_\_  
 Date (YYYY-MM-DD) Revisor Revisor Revisor