

CORP-1024

Corporate Services



PLEASE PRINT

AFFIDAVIT
 (To be completed by Voters without identification)

DECLARATION (to be completed by the applicant)

SECTION 1

I, _____, do solemnly swear/affirm that I am the person as indicated for the 2017 Municipal Election
 (Full Name)

and do currently reside at _____, in the City of St. John's and that all information
 (Civic Address)

provided in the said application is true and current.

Furthermore, I am unable to include any supporting documentation to verify my application.

DECLARED before me at St. John's, Newfoundland, this _____ day of _____, 2017

Witness

Voter

(Barristers; Mayors; Social Workers; Financial Assistance Officers;
Commissioner for Oaths; Justice of the Peace; Notary Public)

Please bring completed form to:

Address: Access St. John's, First Floor City Hall
 P.O. Box 908, 10 New Gower St.
 St. John's NL A1C 5M2

For further information: e-mail: election@stjohs.ca
 call 3-1-1
 Where 3-1-1 is unavailable, call 709-754-CITY (2489)