

 <p>PLEASE PRINT</p>	CORP-1023	Corporate Services
APPLICATION FOR A CHANGE TO THE VOTERS LIST		
APPLICATION (to be completed by the applicant)		SECTION 1
Print Full Name: _____		Born on _____ / _____ / _____ <small>Year Month Day</small>
<input type="checkbox"/> Change name/address on Voters List		<input type="checkbox"/> Delete my name from Voters List
		Date of birth does not appear on Voters List
Changes to information (to be completed by the applicant):		SECTION 2
Previous Name: _____		
Previous Civic Address		Previous Mailing Address
Street No. and Name: _____	Apt. No. _____	Street No. and Name: _____
		Apt. No. _____
Postal Code: _____		Postal Code: _____
		Telephone No: _____
New Civic Address		New Mailing Address
Street No. and Name: _____	Apt. No. _____	Street No. and Name: _____
		Apt. No. _____
Postal Code: _____		Postal Code: _____
		Telephone No: _____
<p>Submission of this form is acknowledgement that as a qualified elector I: (a) am a Canadian Citizen 18 years of age or older (b) have been ordinarily resident in the City of St. John's for at least 30 days immediately preceding election day (c) I have not already voted at the pending election. AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath or affirmation and by virtue of the <i>Canada Evidence Act</i>.</p>		
Signed by: _____		Date: _____
<p>Please submit completed form with Voter's handwritten signature and appropriate identification by mail, e-mail or fax to:</p>		
<p>Office of the City Clerk P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2</p>		<p>For further information: E-mail: election@stjohns.ca Phone: 754-CITY (2489) Facsimile: 576-8474</p>