

Application for Revision to Voters' List

For information please call: 615-VOTE or 615-8683



Form EL17 (2003)
The Municipal Elections Act 1996
Section 24

1 Reason for Revision (check appropriate box(s))	<input type="checkbox"/> Moved within Mississauga	<input type="checkbox"/> Additions	<input type="checkbox"/> Deletions due to <input type="checkbox"/> Move <input type="checkbox"/> Death	Make Correction(s) to:	<input type="checkbox"/> Surname <input type="checkbox"/> Given Name <input type="checkbox"/> Middle Name	<input type="checkbox"/> School Support	(To be a Separate School elector - the elector MUST be Roman Catholic)
				<input type="checkbox"/> Occupancy Status <input type="checkbox"/> Mailing Address			

2 Name of Applicant	Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current/Correct - Surname	Given Name	Middle Name
Date of Birth (Year/Month/Day)	<input type="checkbox"/> Change - I have changed my name and wish to have it updated.	<input type="checkbox"/> Correction - My name was misspelled and wish to have it updated.
Previous - Surname	Given Name	Middle Name

3 Current Address: Original property owner resides at this address <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Commercial Property				
Street #	Street	Unit	<input type="checkbox"/> 1st Fl. <input type="checkbox"/> 2nd Fl. <input type="checkbox"/> Basement	Telephone #
Municipality	Postal Code	Roll #	Ward #	Voting Subdivision
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse or same sex partner	<input type="checkbox"/> Unqualified (deleted name only)

4 Mailing Address: (if different from current address)		
Street #	Street	Unit
Municipality	Province	Postal Code

5 Previous Address: (if applicable)	<input type="checkbox"/> Commercial Property			
Street #	Street	Unit	<input type="checkbox"/> 1st Fl. <input type="checkbox"/> 2nd Fl. <input type="checkbox"/> Basement	Telephone #
Municipality	Postal Code	Roll #	Ward #	Voting Subdivision
<input type="checkbox"/> Owner since (year)	<input type="checkbox"/> Tenant since (year)	<input type="checkbox"/> Other since (year)	<input type="checkbox"/> Spouse or same sex partner	<input type="checkbox"/> Unqualified (deleted name only)

6 ADDITIONS/CORRECTIONS (Show how information is to appear)					
Board <input type="checkbox"/> Public <input type="checkbox"/> Separate	Only Roman Catholics are eligible to vote for Separate School Boards. Same sex partners cannot be a Separate School Elector.	Language <input type="checkbox"/> English <input type="checkbox"/> French	To vote for French Language Board - the elector must have French Language rights under the Canadian Charter of Rights and Freedoms.	Occupancy Status <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Spouse <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Anyone resident but not Owner, Tenant or Spouse (eg. child over 18)	Non-resident <input type="checkbox"/> (If you own property in Mississauga but reside elsewhere)

7 Declaration of Applicant	
I, the undersigned applicant, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen years on or before voting day and that during the qualification period for electors was entitled to be an elector in accordance with the facts or information submitted above and that I understand the effect thereof. I hereby apply to have my name included or the corrections made on the list of electors in accordance with such facts or information.	
Signature of Applicant	Date of Application

8 Form Submission by Agent of Applicant	
If this signed application is submitted by an agent of the applicant, the agent shall declare as follows: I hereby declare that I am the agent for the applicant named herein and on her/his behalf I file this application signed by her/him	
Name of Agent	Signature of Agent
Address	Telephone Number

The following to be completed by the Clerk or Election Official <u>ONLY</u>		
Certificate of Approval I hereby certify that the Voters' List in this municipality should be amended in accordance with the above statement of facts or information.	<input type="checkbox"/> Indicate (X) if application refused - State reasons	
Signature of Clerk or Election Official	Date	Refused by (please initial)