

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.