



Local Jurisdiction: The City of Calgary, Province of Alberta

Vote on a Question Date: **Tuesday, November 13, 2018**

Section 1 - to be completed by the elector

Name of elector: _____

the above elector ordinarily resides at: _____
(Complete address of residence including postal code)

The facility is a: (please check one of the following)

Post-Secondary Institution

Supportive Living Facility (assisted living)

Emergency Shelter

Rental Facility

I certify that the information I have provided is true:

Elector's Signature

Date

Section 2 - to be completed by the facility administrator, landlord of residential property or authorized representative of a post-secondary institution

I, the undersigned, am an authorized representative of: _____
located at _____ (Name of facility)
(Complete facility address including postal code)

The facility is a: (please check one of the following)

Post-Secondary Institution

Supportive Living Facility (assisted living)

Emergency Shelter

OR

I am the landlord of the above stated facility address.

I verify the residence of the elector indicated in Section 1.

Authorized representative or landlord Signature

Date

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

The personal information on this form is being collected to support the administrative requirements of the Local Authorities Election Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have questions concerning the collection of this personal information, please contact Manager, Elections at 403 476 4100 or 1103 – 55 Avenue NE Calgary.