## APPLICATION BY VOTER TO VOTE AT RESIDENCE

[Subsection 30(4) of the Act]

### Part I

To the Returning Officer for The City of Prin School Division No. 119 In-City Subdivis Separate School Division No. 6 In-City Sub	ion and Prince Albert Roman Catholic				
I.	being a voter pursuant to				
I,					
<ul> <li>I am unable to attend at an establi- disability or limited mobility; or</li> </ul>	shed polling place to vote by reason of				
□ I am a resident caregiver of a voter who is unable to attend at an established polling place to vote by reason of disability or limited mobility and, because of the care required by that voter, I am unable to attend an established polling place to vote during the time when polls are open for voting.					
☐ I am a voter in Ward No					
Check one:					
☐ I am a voter in the Saskatchewan Rive	rs Public School Division No. 119.				
☐ I am a voter in the Prince Albert Roma	n Catholic Separate School Division No. 6.				
Dated this day of	, 2024.				
(Address of Applicant)	(Signature of Applicant)				
(Phone Number of Applicant)	(Email of Applicant)				
(If Applicant is a resident caregiver, include address of voter with disability or limited mobility)					

Note: Candidates and their agents may choose to attend at homes/bedside for voters who cannot attend a poll in person pursuant to Section 31 of these regulations.

\*Please complete the reverse of this form.

## Part II

I,		, the undersigned, certify
	(Name of Witness)	
that the	e applicant named in Part I:	
(a)	is personally known to me;	
(b)	resides in the municipality/school division	on; and,
(c)	is: (check one)	
	<ul> <li>unable to attend at an established disability or limited mobility; or</li> </ul>	d polling place to vote by reason of
	<ul> <li>a resident caregiver of a voter who polling place to vote by reason of dis</li> </ul>	
Dated th	his day of, 20	24.
	(Address of Witness)	(Signature of Witness)

Please return this application by Tuesday, October 22, 2024, at 4:00 p.m. to:

Returning Office Room 208, 2<sup>nd</sup> Floor, City Hall 1084 Central Avenue Prince Albert SK S6V 7P3 pavotes@citypa.com

# **Voter's Registration Form and Poll Book**APPENDIX C-FORM R [Subsection 96(2) and 121(2) of the Act]

Name:							
		(First Name)	(Print)	(Last Name)			
Address:			(Print)				
	No. 6, Ir			rince Albert Roman Catholic Separate Schoo vers Public School Division No. 119, In-City			
Complete	the follo	owing by placing an "X" in	the box to the left of e	each statement that is correct:			
□ 1.	I am a Canadian Citizen.						
□ 2.	I am the full age of 18 years or will attain the full age of 18 years on or before Election Day.						
□ 3.	I have not already voted at this election.						
□ 4.	I have resided in Saskatchewan for at least six (6) consecutive months immediately preceding the day of the election.						
5.	5. School Division Voters - On the day of the election, I:						
	. ,	ve resided for at least three ction in or on land now in th		immediately preceding the day of the			
	□ (i)	Saskatchewan Rivers Pub	olic School Division N	o. 119; <b>OR</b> ,			
	□ (ii)			ool Division No. 6, and I am of the e Separate School Division;			
6.	. Municipal Voters – On the day of the election, I:						
	□ (a)	have resided for at least of the election in or on lar		nonths immediately preceding the day Prince Albert; <b>OR</b> ,			
	□ (b)			ecutive months immediately preceding ated in the municipality or on land now			
□ 7.	Electio			ert Municipal and In-City School Board by me with respect to the above			
Dated this	s	day of	, 2024.				
Witness:			Voter:				
	(Deputy	Returning Officer)	<del></del>	(Voter's Signature)			

## FOR ELECTION OFFICIAL USE ONLY:

<b>VOTED WIT</b>	H RESPECT	TO				
Mayor	Councillor	Public School	Separate School	Sworn or Refused	Objection	
-		Board Member	Board Member	to Declare	-	
Remarks:			Qualification	Qualifications: M/C Number:		
				M/C/PS Number:		
			. <del></del>	- M/0/00 N		
				M/C/SS Number: _		
				Consecutive Numb	er:	