

LOCAL GOVERNMENT ELECTION  
FORM C and FORM R

[Subsection 92 of the Act and clause 18(1)(a) of the Regulations and Subsection 96(2) and 121(2) of the Act]

**Voter's Registration Form and Poll Book / Declaration of Person Requesting Mail-In Ballot**

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
(Please print)

Election held in the **City of Yorkton**

Complete the following by placing an "X" in the box next to 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.

**Municipal Voters**

On the day of the election:

a) I: (Check one)

- ☐ i. have resided for at least three consecutive months immediately preceding the day of the election in the City of Yorkton; or
- ☐ ii. have been the owner for at least three consecutive months immediately preceding the day of the election of assessable land situated in the municipality; and

b) I have resided in Saskatchewan for at least six consecutive months immediately preceding the day of the election.

**Declaration of Person Requesting Mail-In Ballot**

Declaration of Absentee Voter:

- ☐ I request that a mail-in ballot be issued to me.

Address where the mail-in ballot is to be mailed: \_\_\_\_\_  
(Please print)

*For mail and digital submission:*

- ☐ I have included a copy of acceptable identification, signed by the witness below.

I declare that the information given by me with respect to the above statements is true in all respects.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witness:

I declare that I am an eligible witness and have witnessed the signature of the person named above and I am satisfied the person's identity has been established pursuant to *The Local Government Election Act, 2015* and the Regulations.

I make this solemn declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of *The Canada Evidence Act*.

\_\_\_\_\_  
(Witness Name Print/Signature)

\_\_\_\_\_  
(Voter Signature)

Witness Verification Information (must complete one of the following options taken from Appendix E of Bylaw No. 10/2020):

- ☐ Credentials/Profession: \_\_\_\_\_  
or  
☐ Spouse, Family Member or Member residing in the same household or residence that is 18 years old or older. Relationship to Voter: \_\_\_\_\_

#### FOR ELECTION OFFICIAL USE ONLY

##### Mail-In Ballot Register

	Initials		Initials
Date application accepted:		Ballot accepted	
Date mail-in ballot kit mailed/provided:		Ballot not accepted	
Date mail-in ballot received:		Ballot spoiled	

Remarks: \_\_\_\_\_

\_\_\_\_\_

No. \_\_\_\_\_

