

Name of Voter to be removed:

Application to Remove Voter from Voter List

Self-Removal	Deceased Voter	Request to Strike	Voter
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Please check which applies.

IMPORTANT: IF NECESSARY, DOWNLOAD THIS FORM AND EMAIL WHEN COMPLETE TO ELECTIONS@CITYOFNB.CA

Personal information collected on this form will be used to update voter information in the provincial Voter Registry as authorized under *The Local Government Election Act, 2015*. The information collected on this form will be shared with Elections Saskatchewan and the City of North Battleford unless otherwise indicated.

Date of Birth of Voter to Be Removed:

	Providing a Date of Birth assists with determining the voter's identity if similar names exist on the voter registry					
Please provide your email to allow the Returning Officer to follow up. (Recommended) Email address:						
Ziman da di s						
	REQUESTIN	G PERSON'S RESIDENTIAL A	DDRESS (CIVIC)*			
Ordinary residence means the location in which a person has left for post-secondary schooling or military and they have the intention of returning to that residence once their duties/schooling are complete. There are special ordinary residence rules for military personnel and post-secondary students.						
APT/UNIT	HOUSE/BLDG #	STREET NAME/TYPE/DIRECTION	CITY/TOWN	POSTAL CODE		
	R	EQUESTING PERSON'S MAILIN	G ADDRESS			
(IF DIFFERENT FROM RESIDENTIAL ADDRESS ABOVE)						
APT/UNIT	HOUSE/BLDG #	STREET NAME/TYPE/DIRECTION	CITY/TOWN	POSTAL CODE		
SOURCES OF INFORMATION TO SUPPORT REMOVALS FROM VOTER LIST						
REQUESTING REMOVAL OF VOTER DUE TO DEATH						
If requesting removal due to the death of a voter, do you have a copy of the obituary, death certificate, or other formal document?						
If yes, please submit a copy by email to elections@cityofnb.ca.						
SELF-REMOVAL FROM VOTERS REGISTRY						
I confirm that I am no longer eligible to vote in the North Battleford Municipal YES NO NO						
Additional comments, if necessary:						

IF REQUESTING ANOTHER VOTER BE REMOVED FROM THE VOTER REGISTRY, PLEASE PROVIDE A SUMMARY TO EXPLAIN WHY IN THE SPACE BELOW.				
DECLARATION*				
I declare that the information given by me in the above statements is true in all respects.				
Dated this	day of	, 2024.		
		entiously, believing it to be true and knowing that it is of under oath/affirmation and by virtue of the Canada		
(Returning Officer)		(Voter Signature)		
I do not consent to s taxes, utilities).	haring the information co	ontained in this form to update City of North Battleford records (IE: property		
I do not consent to sharing my registration details with Elections Saskatchewan for use in future Provincial and Municipal elections, by way of the <i>Information Sharing Agreement</i> between Elections Saskatchewan and the City of North Battleford.				
This section is for office use only.				
Voter ID #:	Voter ID #: Receipt Date of Application:			
RO Approval Date:	e: Voter Removal Date:			