Mail in Ballot Application/Submission

Applications will be accepted from October 24th until November 09th at 4 pm.

Applications can be obtained from our website at:

www.gssd.ca or

in-person during regular business hours (weekdays from 9-12 pm and 1- 4 pm) at the:

Good Spirit Education Complex

5B Schrader Drive, Hwy 9 North Yorkton, Sk.

Completed applications can be submitted via email to: <u>elections@gssd.ca</u> or in person during regular business hours at:

Good Spirit Education Complex 5B Schrader Drive Hwy 9 North Yorkton, Sk.

Completed Applications must include:

Voter Registration Form and Declaration (Form C and Form R) and Copy of approved Identification signed by a witness.

The receipt of your completed registration package will be recorded in a registry, and retained in accordance with *The Local Government Elections Act, 2015.*

The ballot package will be mailed to you mid October after the candidate list has been finalized.



LOCAL GOVERNMENT ELECTION

Form C and Form R

[Subsections 92 of the Act and clause 18(1) (a) of the regulations and Subsections 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 Good Spirit School Division No. 204	Sub-Division No

Complete the following by placing an "X" after the statements that are 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.

School Division Voters

On the day of the election, I:

- 4. Have resided for at least three consecutive months immediately proceeding the day of the Election in the Good Spirit School Division No. 204
- 5. Qualify as a voter of that school division; and
- 6. Have resided in Saskatchewan for at least six consecutive months immediately proceeding the day of the election.

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

Dated this ______ day of ______, 2024.

Declaration of Absentee Voter:

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

(Please initial)

Address where the mail-in ballot is to be mailed: (Please print) For mail and digital submissions: I have included a copy of the acceptable identification, signed by the witness below. I declare that the information given by me with respect to the above statement is true in all respects. Dated this _____ day of _____, 20____. Witness: Witness: I declare that I am an eligible witness I make this solemn declaration and have witnessed the signature of the conscientiously, believing it to be true person named above and I am satisfied and knowingly that is of the same force the person's identity has been and effect as if made under oath and by established pursuant to The Local virtue of The Canada Evidence Act. Government Election Act, 2015 and the Regulations (Witness Name Print/Signature) (Voter Signature) Witness Verification Information (must complete one of the following options, Resolution #, August 27, 2020) Credentials/Profession: or Spouse, Family Member or Member residing in the same household or residence that is 18 years of age or older. Relationship to Voter: FOR ELECTION OFFICIAL USE ONLY

Mail in Ballot Register

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

Comments:_____

No. _____