

Note: The personal information on this form is being collected to support the administrative requirements for residents unable to provide proof of voter eligibility as required of Bylaw 4514-2017, Schedule "D". 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 any questions concerning the collection of this personal information, please contact

Manager of Legislative Services 403-603-3652
(Title of the Responsible Officer) (Business Phone Number)

LOCAL JURISDICTION: Town of High River , PROVINCE OF ALBERTA

ELECTION DATE: October 16, 2017

VOTING SUBDIVISION OR WARD (if applicable): _____ VOTING STATION: MC

I, _____ , of _____ ,
(Name of Elector) (Complete address and postal code)

State:

- That I personally know the following who live(s) at the address(es) indicated:

Print Name

Print Residential Address

Print Name	Print Residential Address
_____	_____
_____	_____
_____	_____

- This form may be completed by a representative of a university, college or school, public curator, public guardian public trustee, commercial property management company, and representatives of a correctional facility, First Nations band or reserve, homeless facility, supportive living facility or treatment centre in accordance with Bylaw 4514-2017; and
- I truly believe the person(s) names above is (are) ordinarily resident at the address(es) listed above and is (are) eligible to vote at the above-mentioned election.

(Signature of Authorized Representative)

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT