

Application to Remove a Name from the Voter's List

FORM #2014EL - 12

***This application is to:** Remove My Own Name Remove a Name Other than My Own

Last Name of Applicant (please print)

First Name of Applicant (please print) Middle Initials

Qualifying Address as Entered on the Voters' List

Unit # Street # Street Name and Type Ward Voting Area Suffix

--	--	--	--	--	--

Mailing Address (if different than above)

Unit # Street # Street Name

--	--	--

Street Type City Province Postal Code

--	--	--	--

In Respect Of (if different than above)

Last Name as entered on Voters' List (please print)

First Name as entered on Voters' List (please print) Middle Initials

Qualifying Address as Entered on the Voters' List

Unit # Street # Street Name and Type Ward Voting Area Suffix

--	--	--	--	--	--

Mailing Address (if different than above)

Unit # Street # Street Name

--	--	--

Street Type City Province Postal Code

--	--	--	--

Certification of Applicant

Signature of Applicant

Date

Notice of Hearing (if required)
Note: A hearing is not required to delete the name of a deceased person or one's own name.

Take notice that the above application has been filed with the City Clerk under the authority of section (25) of the *Municipal Elections Act, 1996* alleging that the above named elector has been wrongfully included on the Voters' List prepared for the said voting subdivision in the City of Ottawa. Such name may be removed from the Voters' List if the person to whom the application relates does not appear, as set out below, personally or by a representative, to oppose this application and to substantiate his/her right to have his/her name remain on the list. If the applicant does not appear, personally or by a representative, the City Clerk shall dismiss the application.

Hearing to be held:

Date: _____ Time: _____

Location: _____

Address: _____

Signature of City Clerk or designate

Date of Notice

Outcome of Application: This application is Approved Refused

The City Clerk or designate shall note the reasons for the decision below.

Signature of City Clerk or designate: _____ Date: _____