



Local Jurisdiction: **CITY OF LETHBRIDGE,
LETHBRIDGE SCHOOL DISTRICT NO. 51,
HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL DIVISION NO. 4, WARD 2,**
Province of Alberta.

Election Date: **OCTOBER 16, 2017**

SECTION 1

To be completed by individual residing in a Shelter

Name of Elector: _____
(Full Name of Elector)

Elector's address of ordinary residence: _____
(Address)

Lethbridge, Alberta, _____ .
(Postal Code)

Only one place of ordinary residence is permitted. A person's place of ordinary residence is where a person eats, sleeps, and when absent from it, they intend to return.

I certify that the information provided is true:

(Elector's Signature)

(Date)

SECTION 2

To be completed by Responsible Authority of Shelter

I, the undersigned, am the responsible authority of:

_____, located at
(Name of Facility)

_____ Lethbridge, Alberta, _____
(Address) (Postal Code)

and have verified the residence of the Elector of Section 1.

(Signature of Responsible Authority)

(Date)

This document, once completed, may be used as proof of ordinary residence for the purpose of voting in the 2017 Municipal Election.

IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT

Note: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 53.1 of the *Local Authorities Election Act*, as well as section 95(1)(a)(ii) of the *Election Act*. 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 about the collection, contact Aleta Neufeld, Returning Officer, Phone 403-320-4083 or visit the Office of the City Clerk in City Hall at 910 – 4th Avenue South, Lethbridge, Alberta, T1J 0P6.