



CITY OF
Lethbridge

**Attestation of Identity and Ordinary Residence for Elector
In Long Term Care or Supportive Living Facility**

Local Authorities Election Act
(Section 53.1)
Election Act
(Section 95(1)(a)(ii))

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	
The Electors as listed in Schedule 'A' are residents of	
_____ located at,	
(Name of Facility)	
_____ Lethbridge, Alberta, _____.	
(Address) (Postal Code)	
SECTION 2	
To be completed by Responsible Authority of the Long Term Care or Supportive Living Facility	
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 Electors of Schedule 'A'.	

(Name of Responsible Authority)	

(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.

