## Statement of Voucher

Local Authorities Election Act (Sections 47, 53, 54, 59) Education Act (Sections 4(4), 74)

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 and 54 of the Local Authorities Election Act and section 33(c) of the Freedom of Information and Protection of Privacy 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 concerning the collection of this personal information, please contact

Title of the R	esponsible Official	Business Phone Number	-
LOCAL JURISDICTION	N:		, PROVINCE OF ALBER
ELECTION DATE:			
VOTING SUBDIVISION	N OR WARD (If Applicable):	-	VOTING STATION:
Statement of Voucher			
I,		, of	
-	Name of Elector		Complete Address and Postal Code
state:  • that I personally kr	now the following individual(s	s):	
· ·		Name	
z <del></del>		Name	
		Name	
who live(s) at the add	dress indicated:		
1			
0		Complete Address and F	Postal Code
that I am eligible to	o vote at the above mentione	ed election,	
that I have not bee	en vouched for in this election	n,	
that my name prop	perly appears on the list of el	lectors for this voting star	tion (if applicable),
			on 53 of the Local Authorities Election Act,
<ul> <li>that I truly believe the above mention</li> </ul>		is (are) ordinarily reside	nt at the address listed above and is (are) eligible to vote
		ho is ordinarily resident	at an address other than the address listed above.
		-	Signature of Voucher
	IT IS AN OFFEN	NCE TO SIGN A	FALSE STATEMENT
Deputy Returning Off	icer		
Deputy's Initials:			
Name of vouching	elector appears on the list of	electors for voting subdi	ivision. (If applicable)
Identification Show	n		
Objection to Person Vouching	Name of Candidate/Official	Agent/R.O./Scrutineer M	Making Objection:
	Reason for Objection:		