

REASON REJECTED

RECALL PETITION CANVASSER REGISTRATION APPLICATION

PAGE 1 OF 1

REFERENCE NUMBER

*MANDATORY MEMBER OF LEGISLATIVE ASSEMBLY NAMED IN PETITION MEMBER'S ELECTORAL DISTRICT								
MEMBER OF LEGISLATIVE ASSEMBLY NAMED IN PETITION MEMBE					AL DISTR	ICT		
*NAME OF APPLICAN	IT							
LAST NAME		FIRST NAME				MIDDLE NAME		
*HOME ADDRESS								
APT/UNIT #	IIT # BLDG # STREET NAME							
			0005					
CITY/TOWN		POSTAL	CODE			★PHONE NO.		
This section will be used to confirm, update or create a new voter record. It will be obscured and is not available for public inspection.								
*BIRTHDATE B.C. DRIVER'S LICENCE								
YEAR	MONTH	DAY						
					1			
*MAILING ADDRESS	(IF DIFFERENT FROM HOME ADDRI	ESS)			POSTAI	L CODE		
PREVIOUS NAME (IF A	APPLICABLE)							
PREVIOUS HOME ADDRESS (IF APPLICABLE) APT/UNIT # BLDG # STREET NAME CI ⁻						CITY/TOWN		
AF I/ONIT #		SIREEINAME						
EMAIL								
I, hereby apply for registration as a voter/canvasser and declare that:					This f	form is available f	or public	
 I am a registered voter, or I am applying for registration as a voter; 					This form is available for public inspection (according to section			
I am a Canadian citizen;					168 of the <i>Recall and Initiative</i>			
I am 18 years of age or older;					Act). In addition to the personal			
information that will automatically								
• Tam not disqualitied from voting; be obscured from public								
• I will have been resident in British Columbia for at least six months before I begin canvassing; inspection (identified above), I								
• I will not, directly or indirectly, receive any pay or inducement for canvassing; and further request that the following								
• I will comply with the <i>Recall and Initiative Act</i> and Regulations. information be obscured from								
★SIGNATURE OF APP	PLICANT		DATE (YYYY)	/MM/DD)	public	c inspection.		
					HOME	ADDRESS		
	a false statement is a serious	offence and is su	ibject to signi	ficant penalties	TELEB	HONE NUMBER		
	162 of the Recall and Initiative				ICLEF	HONE NUMBER		
*NAME OF PROPONE	ENT							
*SIGNATURE OF PROPONENT					DATE (YYYY/MM/DD)			
The information on this form is collected under the authority of the Recall and Initiative Act and the Freedom of Information and Protection of Privacy Act. It will be used to								
administer the recall petition process and for voter registration purposes. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-661-8683 or electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.								
		0.04 01 PO DOX 92/5	Garriov Govi VI	Stona, DO VOVI 930.				
CHIEF ELECTORAL OFFICE ONLY								
EVENT NUMBER APPL. REC'D (YYYY/MM/DD) ACCEPTED (YYYY/MM/DD) CANVASSER ID NUMBER								