

**APPLICATION FOR A SPECIAL BALLOT**

*(Municipal Elections Act, SNB 1979, c. M-21.01, s. 39.1)*

To: Municipal Returning Officer for the Municipality or Community of

\_\_\_\_\_

I apply for a ballot paper to vote in the forthcoming election(s) in the municipality or community of

\_\_\_\_\_.

1. My name is \_\_\_\_\_  
(Name of Elector)

2. My address is \_\_\_\_\_  
(Civic Address in my Voting District)

\_\_\_\_\_

3. Telephone no. \_\_\_\_\_

4. I will be unable to vote at the polls on the days set for the advance polls and on polling day because of

\_\_\_\_\_

\_\_\_\_\_  
(State reasons: A ballot paper can only be issued on grounds of absence, illness or incapacity)

5. I wish to vote in the (check one)  English /  French School District elections.

6. If applicable, in Health Region 1 (Kent, Albert, and Westmorland counties),  
I wish to vote in the (check one)  English /  French Regional Health Authority elections.

7. (Complete if applicable): I appoint \_\_\_\_\_  
(Name of Agent)  
as my agent for the purpose of this application.

I certify that the information given above is true, correct and complete in every respect.

\_\_\_\_\_  
Signature of Elector

\_\_\_\_\_  
Address to which ballot is to be sent (if different from that in paragraph 2).

OFFICE USE ONLY
Polling Division No. _____
SB Poll Book Entry No. _____