



ELECTIONS BC
A non-partisan Office of the Legislature

APPLICATION FOR RECALL PETITION

920 (06/07)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

NAME OF APPLICANT		SURNAME		FIRST NAME		MIDDLE NAME	
RESIDENTIAL ADDRESS *							
CITY / TOWN				POSTAL CODE		DAYTIME PHONE *	
						()	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)						FAX #	
						()	
CITY / TOWN			POSTAL CODE		EMAIL		
MEMBER OF LEGISLATIVE ASSEMBLY TO BE NAMED IN PETITION							
<p>* In accordance with section 168 of the <i>Recall and Initiative Act</i>, I request that the following personal information be obscured from public inspection: RESIDENTIAL ADDRESS <input type="checkbox"/></p> <p>Note: If personal information is to be obscured, an alternate address and telephone number that can be made public must be provided. TELEPHONE NUMBER <input type="checkbox"/></p>							
ALTERNATE ADDRESS						ALTERNATE PHONE	
						()	
<ul style="list-style-type: none"> • The applicant must be a registered voter for the electoral district represented by the above-named Member. • Attach a clearly printed statement of 200 words or less stating why, in the applicant's opinion, recall of the above-named Member is warranted. • A non-refundable processing fee of \$50 must accompany this application (cash, money order, traveller's cheque, or certified cheque payable to the Minister of Finance). Uncertified cheques will not be accepted. 							
<p>I, the undersigned, swear [or solemnly affirm] that, I am a registered voter for the electoral district represented by the above-named Member and that I am not disqualified under sections 128 or 131 of the <i>Recall and Initiative Act</i> from making this application.</p>				<p>SWORN [OR SOLEMNLY AFFIRMED] BEFORE ME</p>			
SIGNATURE OF APPLICANT / PROPONENT				AT: CITY / TOWN		DATE: (YYYY / MM / DD)	
				COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA †			
<p>WARNING: Signing a false statement is a serious offence and is subject to significant penalties under section 162 of the <i>Recall and Initiative Act</i>.</p>				<p>† This includes the Chief Electoral Officer, notaries public, barristers, solicitors and government agents.</p>			
CHIEF ELECTORAL OFFICE ONLY							
EVENT NUMBER		DATE RECEIVED (YYYY / MM / DD)			DATE APPLICATION APPROVED (YYYY / MM / DD)		
ELECTORAL DISTRICT		PROPONENT NUMBER			MEMBER NUMBER		

WHITE - CHIEF ELECTORAL OFFICE
CANARY - APPLICANT

SEND TO: Chief Electoral Officer, Elections BC

Mailing Address: PO Box 9275 Stn Prov Govt, Victoria B.C. V8W 9J6
Phone: (250) 387-5305 or Toll-free 1-800-661-8683 / TTY 1-888-456-5448
Fax: (250) 387-3578 or Toll-free Fax: 1-866-466-0665
Email: electionsbc@elections.bc.ca Website: http://www.elections.bc.ca