APPLICATION FOR INITIATIVE PETITION

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		
 ★ In accordance with section 168 of the Recall and Initiative Act, I request that the following personal information be obscured from public inspection: Note: If personal information is to be obscured, an alternate address and telephone number that can be made public must be provided. 					
ALTERNATE ADDRESS				ALTERNATE PHONE	
 and unambiguous manner and be in rela A non-refundable processing fee of \$50 payable to the Minister of Finance). Uncertainty 	must accompany this ap	plication (cash, mo		s cheque, or certified cheque	
I, the undersigned, swear [or solemnly affirm] that, I am a registered voter and that I am not disqualified under sections 53, 56, 79 or 82 of the Recall and Initiative Act from making this application.		SWORN [OR	SOLEMNLY AFFIRM	MED] BEFORE ME DATE: (YYYY / MM / DD)	
SIGNATURE OF APPLICANT / PROPONENT		COMMISSIONE	COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA +		
WARNING: Signing a false statement is a is subject to significant penalties under sec and Initiative Act.		+ This includes the Chief Electoral Officer, notaries public, barristers, solicitors and Government Agents.			
	CHIEF ELECTO	DRAL OFFICE ONLY			
TITLE OF PETITION					
EVENT NUMBER	DATE RECEIVED (YYYY / MM / DD)		PROPONENT 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