

# Application for a Special Ballot

(Municipal Elections Act, SNB 1979, c. M-21.01, s. 39.1(1))



## M 06 101

*Français au verso*

To: Municipal Returning Officer for the Municipality or Community of

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

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

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

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

4. (Complete if ballot is to be taken to you by election officers): I am unable to vote at the advance or ordinary polls because of:

- my own illness or disability, or  
 responsibility to care for another person unable to go the polls.

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):  Southeast /  Beauséjour Regional Health Authority elections.

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

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Signature of Elector

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

OFFICE USE ONLY

Polling Division No. \_\_\_\_\_ Region No. \_\_\_\_\_

SB Poll Book Entry No. \_\_\_\_\_