

## REQUEST FOR VOTING BY MAIL ELIGIBLE VOTERS

1. IDENTIFICATION OF THE ELECTOR		
Given name:	Surname:	
<b>Address in the municipality:</b>		
Number, Street/avenue and apartment	Municipality	Postal code
<b>Address for sending the voting package (if different from the address in the municipality):</b>		
Number, Street/avenue and apartment	Municipality	Postal code
Date of birth (yyyy/mm/dd):	Telephone number:	
Email address:		

2. DECLARATION OF THE ELECTOR ON HIS OR HER SITUATION
<p><b>Check the appropriate box for your situation:</b></p> <p><input type="checkbox"/> I will be 70 years of age or older on polling day, that is, November 7, 2021;</p> <p><input type="checkbox"/> I am domiciled in Beaconsfield, but am unable to travel for health reasons;</p> <p><input type="checkbox"/> I am the caregiver of the elector domiciled in Beaconsfield who is unable to travel for health reasons and I am domiciled at the same address as such person;</p> <p><input type="checkbox"/> I am complying with an order or a recommendation for isolation from public health authorities because<sup>1</sup>:</p> <p style="margin-left: 20px;">a) I returned from a trip abroad within the last 14 days;</p> <p style="margin-left: 20px;">b) I was diagnosed with COVID-19 and I am still considered a carrier of the disease;</p> <p style="margin-left: 20px;">c) I am showing COVID-19 symptoms;</p> <p style="margin-left: 20px;">d) I have been in contact with a suspected, probable or confirmed case of COVID-19 within the last 14 days;</p> <p style="margin-left: 20px;">e) I am waiting for a COVID-19 test result.</p>

3. SIGNATURE
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 70%;"></span> <span style="width: 25%;"></span> </div> <p style="text-align: center; margin-bottom: 5px;">Signature OR given name and surname (in block letters) <span style="float: right;">Date (yyyy/mm/dd)</span></p> <p><input type="checkbox"/> The inscription of my given name and surname in block letters replaces my signature.</p>

**You must return this completed form to the returning officer, by email to the following address: [elections@beaconsfield.ca](mailto:elections@beaconsfield.ca) or city hall located at 303, Beaconsfield Boul., Beaconsfield, H9W 4A7. The form must be received no later than October 27, 2021.**

**If you have any questions about voting by mail, you can contact your returning officer at the following telephone number: 514 428-4400 ext. 4421.**

<sup>1</sup> Voters who comply with an order or a recommendation for isolation from public health authorities may submit a request for voting by mail only as of October 17, 2021.