

MAIL-IN BALLOT APPLICATION

Register for a Mail-In Ballot Package from Home

When you apply from home, be sure to complete the following:

1. Fill out and sign the Voter's Registration and Declaration Form
2. Make a copy of all required identification*
3. Have someone from the Approved list of witnesses verify your identity by witnessing your declaration form. You must submit with your application, a copy of your witness' identification.
4. Send us your completed registration form including your signature, copy of your ID, witness signature and copy of witness ID by:
 - Email to : rmleask.464@sasktel.net
 - Fax: (306) 466-2091
 - Mail: Box 190, Leask, Sk. S0J 1M0
 - In person to: 231, 1st Ave South, Leask, Sk.

Authorized Witnesses for Mail-In Ballot

The following persons are authorized to witness the signature of a person applying for a mail-in ballot and to complete a Voter's Registration Form and Declaration of Person Requesting Mail-In Ballot form:

1. the Returning Officer or other designated election official;
2. a family member, as defined in Appendix D Table 2, of the Local Government Elections Regulation, 2015, provided that the witness:
 - (a) is an eligible voter, in accordance with the Act, for the upcoming election;and,
 - (b) have known the applicant for at least two(2) years;
3. someone living at the same address as the applicant or neighbor residing immediately adjacent to or across from the applicant provided that the witness:
 - a) is an eligible voter, in accordance with the Act, for the upcoming election;and,
 - b) have known the voter for at least two (2) years; or,
4. a Commissioner for Oaths in and for Saskatchewan or a Notary Public.

* See next page for Identification Requirements

Identification Requirements (ID)

Identification is required by both the applicant and the witness to register for a mail-in ballot.

Options include:

1. One piece of government-issued ID with your photograph, name, address and signature; OR
2. Two pieces of information that combined, include a name, address and signature. Examples include a birth certificate, Canadian Blood Services Donor Card, Canadian Passport, Debit card issued by a bank, Metis Nation Status Card, etc.

**Voter's Registration Form and Poll Book
For Mail-in Ballots**

FORM R

[Subsections 96(2) and 121(2) of the Act]

Name: _____
(First Name) (Print) (Last Name)

Address: _____
(Print)

Election held in the Rural Municipality of Leask No. 464;

Complete the following by placing an "X" in the box to the left of each statement that is correct:

- 1. I am a Canadian Citizen
- 2. I am the full age of 18 years or will attain the full age of 18 years on or before Election Day.
- 3. I have not already voted at this election
- 4. I have resided in Saskatchewan for at least six (6) consecutive months immediately preceding the day of the election.
- 5. Municipal Voters – On the day of the election, I
 - (a) have resided for at least 3 consecutive months immediately preceding the day of the election in or on land now in The Rural Municipality of Leask No. 464; **OR,**
 - (b) have been the owner for at least three consecutive months immediately preceding the day of the election of assessable land situated in the municipality or of land now in the municipality;
- 6. I am a voter entitled to vote in The Rural Municipality of Leask No. 464 elections.

Declaration of Person Requesting Mail-In Ballot

FORM C

[Section 92 of the Act and clause 18(1) (a) of the Regulations]

Declaration of Voter:

- I am qualified to vote in The Rural Municipality of Leask No. 464
- I have completed a Voter's Registration Form; and
- I request that a mail-in ballot be issued to me at the following mailing address:

Box Number/Street Address	Town/City	Postal Code
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I make this solemn declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath/affirmation and by virtue of the Canada Evidence Act.

Dated this _____ day of _____, 2020.

(Signature of person requesting Mail-In Ballot)

Contact Information of Person Requesting Mail-In Ballot:

Telephone Number: _____ Email: _____

Declaration of Witness:

Name: _____
(First Name) (Print) (Last Name)

Address: _____
(Print)

As an authorized individual, I have witnessed the signature of the person named above and am satisfied the person's identity has been established pursuant to The Local Government Election Act, 2015 and the regulations.

Dated this _____ day of _____, 2020

Print Full Name

(Signature of returning officer or person authorized by bylaw to witness the signature of a person requesting a mail-in ballot)

This Form must be attached to the Voter's Registration Form.

I declare that the information given by me with respect to the above statements is true in all respects.

Dated this _____ day of _____, 2020

Witness:

(Signature of Returning Officer or person authorized to witness signature of person requesting a mail-in ballot)

(Voter)

FOR ELECTION OFFICIAL USE ONLY:

MAIL-IN BALLOT REGISTER	DATE	INITIALS
Application Accepted		
Kit Provided to Voter		
Ballot Received		
Ballot Accepted/Rejected		

VOTED WITH RESPECT TO	Councillor	Sworn or Refused to Declare	Objection
Reeve			

Remarks: _____

Consecutive Number: _____