

	OCC – Application for Inclusion, Update or Removal on the Voters List		Office of the City Clerk
	<p align="center"> Application for Inclusion, Update or Removal on Voters List </p> <p> Note: Some features of this form may not be supported on all devices. Please download to improve access. </p> <p> Completed forms may be submitted by mail, in person, scanned and sent via email to election@stjohns.ca, or use of the submit button below. </p>		
Application (to be completed by the applicant)			SECTION 1
<p> Attach valid Government Issued ID or combination of ID's (Refer to Acceptable Identification document). If no acceptable ID exists, attach Affidavit – Voters Without Identification. Communal or commercial residents may attach written confirmation of such from the owner, operator, or manager. </p> <p> Print Full Name _____ Date of Birth (yyyy-mm-dd) _____ </p> <p> Print Previous Name (if applicable) _____ </p> <p> Add my name Update my address Delete my Name </p>			
Address/Mailing Address Change			SECTION 2
Previous Civic Address:		Current Civic Address:	
Street No. and Name _____		Street No. and Name _____	
Apt. No. _____ Postal Code _____		Apt. No. _____ Postal Code _____	
Telephone No. _____		Telephone No. _____	
Previous Mailing Address: Same as above		Current Mailing Address: Same as above	
_____		_____	
_____		_____	
Declaration (to be completed by the applicant)			SECTION 3
<p> I declare that as a qualified elector I: (a) am a Canadian Citizen 18 years of age or older, (b) have been ordinarily resident in the City of St. John's for at least 30 days immediately preceding Election Day AND (c) have not already voted at the pending election. AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath or affirmation and by virtue of the Canada Evidence Act. </p> <p> Elector Signature _____ Date _____ </p>			
Privacy Notice			SECTION 4
<p> Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to make a change to the voters list. Questions about the collection and use of the information may be directed to the Election Coordinator, election@stjohns.ca </p>			
Validation (for office use only)			SECTION 5
ID Type _____		Record Number _____	
_____		Staff _____	
Please send completed form to:		Contact Information P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2	
_____		For further information: Phone: 709-745-2489 Email: election@stjohns.ca	

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA