## Request for Special Ballot Package

Local Authorities Election Act (Section 77.1)

**Note:** The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 77.1 of the *Local Authorities Election Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact

| Asst. Supt. Business Services                 | ncerning the collection of this personal information, please contact 780-723-4471                                                                                                                                   |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Title of the Responsible Official)           | (Business Phone Number)                                                                                                                                                                                             |
| LOCAL JURISDICTION: Grande Yellow             | vhead Public School Division , PROVINCE OF ALBERTA                                                                                                                                                                  |
| ELECTION DATE: October 16, 2017               |                                                                                                                                                                                                                     |
| VOTING SUBDIVISION OR WARD (if A              | pplicable)                                                                                                                                                                                                          |
| VOTING STATION:                               | <u> </u>                                                                                                                                                                                                            |
| I,                                            | of                                                                                                                                                                                                                  |
| (Printed First Name and Surname)              |                                                                                                                                                                                                                     |
| (Complete address and postal code)            |                                                                                                                                                                                                                     |
| request a Special Ballot package which        | will include one of each of the following ballots:                                                                                                                                                                  |
| Please select:   A Public School Trust        | ee                                                                                                                                                                                                                  |
| A Separate School Tr                          | ustee                                                                                                                                                                                                               |
| Chief Elected Official                        |                                                                                                                                                                                                                     |
| Councillors                                   |                                                                                                                                                                                                                     |
| Bylaw or Question                             |                                                                                                                                                                                                                     |
| Please select one: (Election official to fill | in if application is made by telephone.)                                                                                                                                                                            |
| ☐ I would like my Spec                        | ial Ballot package sent by regular mail to the following address:                                                                                                                                                   |
| (Complete address to which                    | ch the application will be mailed, including the postal code)                                                                                                                                                       |
|                                               | Special Ballot package to be picked up during regular like my package held for pick-up.                                                                                                                             |
|                                               | (Date of Request)                                                                                                                                                                                                   |
| Contact Telephone Number:                     | Contact Email Address:                                                                                                                                                                                              |
| Reason why a special ballot is requested      | d: physical incapacity                                                                                                                                                                                              |
|                                               | absence from the local jurisdiction                                                                                                                                                                                 |
|                                               | being a returning officer, deputy returning officer, constable, candidate, official agent or scrutineer who may be located on election day at a voting station other than that for the elector's place of residence |

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