



Proxy Application

***Must be returned to Returning Officer no later than 4:00 p.m. on the day before election day.**

I, _____, of _____
Print Name of Impeditive Voter Civic Address
being a qualified voter in the municipality of _____ (Ward _____)
and being an impeditive voter, within the meaning of the *Municipal Elections Act*, do hereby authorize
_____ being a qualified voter in the municipality of _____
Print Name of Proxy
to vote on my behalf in the election to be held on _____, 20____.
Date

Signature of Impeditive Voter