

Mail-in Ballot Application Form

- Complete this form and return it through regular mail or in person to the Elections Saskatoon office at 200-145 1st Ave N, Saskatoon, SK, S7K 1W6, or email to elections@saskatoon.ca.
- Applications returned by post or email must be accompanied with a copy of identification documents, to establish identity and residence (see below). DO NOT SEND ORIGINALS.
- 3. If approved, applicants will be sent a mail-in ballot kit. Kits will be mailed approximately October 29, 2024.

VOIER INFORMATION Fields with * are manda	tory. Please include one	contact method, only emai l	s will receive mail-in ballot updates.	
First Name* Last Name*				
Middle Name	Date of Bi	Date of Birth*////		
Email		Phone		
QUALIFYING ADDRESS* (Address where y				
,	, , , , , , , , , , , , , , , , , , ,	,		
House/Bldg Number Street			Apt/Unit/Suite #	
City: <u>Saskatoon</u> Province: <u>SK</u>				
MAILING ADDRESS (Address where you want you	our kit to be sent. Fill this	s in if you will be away froi	m home when your kit will be mailed.)	
☐ Same as qualifying address above. House/Bldg				
Number Street			Apt/Unit/Suite #	
	Province/State			
Postal Code Country				
VOTER DECLARATION* Please check app	olicable boxes below	/		
I declare that:				
☐ I am a Canadian citizen.				
	- 41 £ .11 . £ .4	0	us alsotion day.	
☐ I am at least 18 years old or will attain	J	-	•	
☐ I have resided in Saskatchewan for at least six consecutive months AND:				
☐ (i) I have resided in the City of Saskatoon for at least three consecutive months; OR				
☐ (ii) I have been the owner of assessable land situated in the municipality for at least three				
consecutive months immediately preceding the day of the election.				
-	<u>-</u>			
School Division Voters (only for voters		-	otion only.)	
☐ (i) Saskatoon Public School D	ivision No. 13;	or		
☐ (ii) St. Paul's Roman Catholic Separate School Division No. 20, and I am of the Catholic				
faith (any Catholic rite, such as Roman, Ukrainian, Chaldean, etc., that recognizes the pope as				
the leader of the church);				
☐ I solemnly declare that I am qualified to vote in this election and that the information contained in this				
mail-in ballot application form is true in all respects. I understand that this declaration is of the same				
force and effect as if made under oath or affirmation and by virtue of the Canada Evidence Act.				
		_		
(Voter Signature)			Date	
COPY OF ID* You must show identification th	at proves your ident	ity and Saskatoon resi	dence.	
☐ Option 1: Attach a copy of your gove				
Saskatchewan Driver's license or a Sask	•	• • • • • • • • • • • • • • • • • • • •		
		•	nieces must show your	
☐ Option 2: Attach a copy of two pieces of information or documents. Both pieces must show your name. One of them must show your name and address. For a complete list of documents, visit				
www.saskatoon.ca/vote2024				
For Elections Saskatoon use only. Signature of Returning Officer or Designate	Date	Ward	School Support	
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For additional information or assistance, please contact Elections Saskatoon at 306-657-8683 or email elections@saskatoon.ca