

PROXY CERTIFICATE

PART 1:

				(year)
I,		of		
(name o	of eligible voter)		(normal civic address)	
* Am eligible to	vote at the Municipal	By-Election in _		
			(day, year)	
* Believe that I	will be unable to vote e	either at an adva	nce vote or on election day	,
				(day, year)
I hereby authorize:		of	(normal civic address)	to vote
•	(name of proxy voter)		(normal civic address)	
on my behalf as proxy	voter at this by-electi	on.		
I have not authorized	any other person to act	t as my proxy vo	oter at this by-election.	
Dated this:	day of	(month)	, 2017.	

PART 2:

Consent to Act as Proxy Voter

I the chave named	haina aliaibla	to vote at the Manisimal
I, the above named,(name of proxy voter)	being eligible	to vote at the Municipal
By-Election in(day, year)	hereby consent to act as Proxy	Voter for the above named
(name of absent voter)	at this by-election.	
I understand that I may not act as prox	sy voter for more than 3 voters.	
Dated this: day of _		
(signature of applicant/eligible voter)	(witness name)	(witness signature)
CERTIFICATION		
I,	, Deputy Returning Offic	er, hereby certify that
is	s appointed proxy voter for	
(name of proxy voter)		(name of absent voter)
at this by-election.		
Dated this: day of _		
Deputy Returning Officer	-	