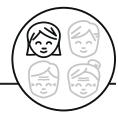
POWER OF ATTORNEY FOR REGISTRATION on the list of electors or the referendum list and for making contributions and APPLICATION TO VOTE BY MAIL



Designation of the person to register onto the list among the co-owners of a immovable or the co-occupants of a business establishment, who is authorized to make a contribution

1 REGISTRATION CONT	EXT							
Undivided co-owners	of a immovable	- O:	_ 	_	_			
Co-occupants of a bu	siness establishment	Since	Year	Month	Day			
Address of the immovab	le or business establi	shment						
Number and name of roadway		Municipalit					Postal	code
This power of attorney is value for the registration on the	•						ı list;	
2 PERSON* DESIGNATE	D FOR REGISTRATIO	ON ON THE	LIST OF	ELEC	TORS	OR THE REFERE	NDUM	LIST
First name						Date of birth	Year	Month Day
								-
Telephone number	E-mail							
Domiciliary address								
								l
Number and name of roadway	Apt.	Mu	unicipality				Postal	code
3 PERSON* DESIGNATE	ED TO MAKE A CONT	RIBUTION						
The person designated in	Section 2 is automatic	ally design	ated to m	nake co	ontribu	utions. If you wish to	desig	nate another
person to make these pay						•	-	
						Date of birth		
First name	Last na	ıme					Year	Month Day
Telephone number	E-mail							
Domiciliary address							1	
Number and name of roadway			unicipality				Postal	
Number and name of roadway			Пісіраніу				FU31a1	
WARNING: In municipalit of a business establishme annual amounts stipulated	ent are considered to be	a single elec	ctor. They	must th	erefore	e comply with the ma	ximum	

BE CAREFUL! To vote by mail, you must complete the application on the back of the form.

^{*}This person must be of legal age and a Canadian citizen. They must not have lost their election rights. They must not be entitled to have their name registered on the list of electors or the referendum list in a higher-ranking capacity than that of the co-owner of the building or co-occupant of a business establishment.

First and last names	Signature	Date
power of attorney shall remain valid until withdrawi	n or replaced.	
Please return the form to the office of	the returning officer of the muni	icipality concerned.
Please return the form to the office of	the returning officer of the muni	icipality

4 SIGNATURE OF THE CO-OWNERS OR CO-OCCUPANTS

As the designated* co-owner or co-occupant, I hereby apply to vote by mail.

First name

Last name

Date

This application to vote by mail will remain valid until withdrawn or replaced, or until the municipality cancels voting by mail.

Signature

Year Month Day

*This must be the person designated for entry on the list of electors or the referendum list on the front of this document or on an existing power of attorney.