

REASON REJECTED

INITIATIVE PETITION APPLICATION FOR CANVASSER REGISTRATION

911 (14/10)

PAGE 1 OF 2

REFERENCE NUMBER

PLEASE PRINT IN BLOCK LETTERS OR TYPE

*MANDATORY									
TITLE OF INITIATIVE									
ANAME OF ARRUSANT									
★NAME OF APPLICANT LAST NAME	FIRST NAME					MIDDLE NAME			
★HOME ADDRESS									
APT/UNIT #	BLDG #	STREET NAME							
OLT VITOUALA				DOOTAL CODE			15.110		
CITY/TOWN				POSTAL CODE	1	★PHONE NO.			
						(,		
This section will be use	ed to confirm, update or	create a voter rec	ord. It will I			ailable fo	or public inspec	tion.	
*BIRTHDATE YEAR	MONTH	DAY		B.C. DRIVER'S I	LICENCE				
TEAR	MONTH	DAT							
★MAILING ADDRESS (IF D	IFFERENT FROM HOME AD	DRESS)					POSTAL CODE		
PREVIOUS NAME (IF APPL	ICABLE)								
PREVIOUS HOME ADDRES APT/UNIT #	STREET NAME	Λ Ε		CITY/TOWN					
AF I/ONIT #	BLDG #	STREET NAME			CITI/TOWN				
EMAIL									
I hereby apply for registration as a voter/canvasser and declare that:						This form is available for			
I am a registered voter, or I am applying for registration as a voter;						public inspection (according to			
I am a Canadian citizen;						section 168 of the Recall and			
• I am 18 years of age or older; Initiative Act). In addition									
• I am not disqualified from voting;									
 I will have been resident in British Columbia for at least six months before I begin canvassing; 									
• I will not, directly or indirectly, receive any pay or inducement for canvassing; and above), I further request									
•	•			3, -			owing information		
I will comply with the <i>Recall and Initiative Act</i> and Regulations. *SIGNATURE OF APPLICANT								nspection.	
*SIGNATURE OF AFFLICA	IIV I		* DATE	ָטט/וואוואוי	' II	HOME A	DDRESS		
MARNING Cimmin or a	:-	: #		-:::::::::::::::::::::::::::::::::::					
WARNING: Signing a f	alse statement is a ser 32 of the <i>Recall and Ini</i>					TELEPH	ONE NUMBER		
[OCOURT TO	or the result and im		11011 270 01	the Election,	101.]				
*NAME OF PROPONENT									
★SIGNATURE OF PROPONENT					*DATE (YYYY/MM/DD)				
				_ ,	,, , , -				
The information on this form is to administer the initiative peti									
Elections BC Privacy Officer a							,		
SEE SUBMISSION DETAILS AND GENERAL INFORMATION FOR CANVASSERS ON PAGE 2									
		CHIEF ELECT	TORAL OFF	ICE ONLY					
VENT NUMBER	APPL. REC'D (YYY/MM/DD)	CANVASSE	R ID NUN	MBER		



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General information for canvassers

When canvassing for signatures on a petition:

- the canvasser must carry the identification issued by the Chief Electoral Officer and must produce it, if requested to do so
- the canvasser must not knowingly make false or misleading statements about the petition or the subject of the petition
- · the canvasser must not remove, cross out or interfere with any signature on a petition
- the canvasser must not use information obtained while canvassing for a purpose not intended by the Recall and Initiative Act or Regulations

The canvasser must ensure that persons who sign the petition:

- sign only once
- · complete the petition in full telephone numbers will be used for confirmation of signing
- · sign in ink on the preprinted side of the petition sheets
- · enter only one signature per petition line

A copy of the cover sheet issued by the Chief Electoral Officer must accompany the petition sheets during signature collection.

SEND TO

ELECTIONS BC

MAIL: PO Box 9275 Stn Prov Govt

Victoria, BC V8W 9J6

PHONE: 250-387-5305 / 1-800-661-8683 (toll-free)

TTY: 1-888-456-5448

FAX: 250-387-3578 / 1-866-466-0665 (toll-free)

EMAIL: electionsbc@elections.bc.ca

WEBSITE: www.elections.bc.ca