Proxy Application

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

on the day before Election Day

I, _____ , of _____ being a
       (Print Name of Impeditive Voter)   (Civic Address)

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
                     (Print Name of Proxy)

qualified voter in the municipality of _____

to vote on my behalf in the election to be held on _____.
                                       (Date)

_____
Signature of Impeditive Voter