

Proxy Application

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

I _____ of _____, being a 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 qualified voter in the Municipality of _____ to vote on my behalf in the election to be held on _____, 20____.

Name of Impeditive Voter Civic Address Name of Proxy Date Year

Signature of Impeditive Voter