

# LOCAL GOVERNMENT ELECTION

## FORM R

[Subsections 96(2) and 121(2) of the Act]

### VOTER'S REGISTRATION FORM AND POLL BOOK

**NAME:** (please print) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Street/Box, City/Town, Postal Code)

**Election held in:**

**CITY OF WEYBURN, and  
SOUTH EAST CORNERSTONE PUBLIC SCHOOL DIVISION NO. 209**

Complete the following by placing an "X" in the box to the left of each statement that is correct:

- I am a Canadian citizen and on election day will have resided in Saskatchewan for at least 6 consecutive months immediately preceding the day of election.
- I am the full age of 18 years or will attain the full age of 18 years on or before election day.
- I have not already voted at this election.

On the day of the election, I: (**select one**)

- (a)  have resided for at least three consecutive months immediately preceding the day of the election in the City of Weyburn;
- OR**
- (b)  have been the owner for at least three consecutive months immediately preceding the day of the election of assessable land situated in the municipality; and

**I declare that the information given by me with respect to the foregoing statements is true in all respects.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

I have witnessed the signature of the person named above and I am satisfied the person's identity has been established pursuant to *The Local Government Election Act, 2015* and the regulations.

I make this solemn declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath/affirmation and by virtue of *The Canada Evidence Act*.

\_\_\_\_\_  
*Election Official Signature*

\_\_\_\_\_  
*Voter Signature*

#### FOR ELECTION OFFICIALS USE ONLY

##### Regular Poll & Advance Poll Register

MAYOR/COUNCIL/PUBLIC SCHOOL		DECLARED	
MAYOR/COUNCIL		REFUSED TO DECLARE (no ballot issued)	
VOTER ID		OBJECTED TO BY CANDIDATE	

**REMARKS:** \_\_\_\_\_

**Consecutive Number** \_\_\_\_\_

**Mayor/Council Consecutive Number** \_\_\_\_\_

**Mayor/Council/School Consecutive Number** \_\_\_\_\_