

FORM 22 - REQUEST FOR SPECIAL BALLOT PACKAGE

Local Authorities Election Act (Section 77.1)

The personal information collected through this form is for administering the election. This collection is authorized by section 4 of the *Protection of Privacy Act*, specifically section 4(c) that information relates directly to and is necessary for an operating program or activity. The information is used solely for the purpose of conducting the election. The information may be included in public records or otherwise disclosed as authorized under the *Protection of Privacy Act* and the *Access to Information Act*. For questions about the collection of personal information, contact ATI Coordinator, City of Camrose, 780-678-3440, 5204 50 Avenue, Camrose, AB, T4V-0S8 or legservices@camrose.ca.

LOCAL JUR	ISDICTION:	City of Camrose	, PROVINCE OF ALBERTA
ELECTION [DATE: Octol	per 20, 2025	
VOTING SU	BDIVISION OF	WARD (if applicable) N/A	<u> </u>
VOTING STA	ATION:		
			of
Ι,		Printed first name and s	urname of
am unable to	vote at an adv	Complete address and por vance voting station or at the	ostal code voting station on election day.
Select one: ☐ I am prope	rly on the perm a	nnent electors register for the	above-named local jurisdiction.
• a copy of a complete	to the permaner of my identification leted statement	nt electors register. I have incl on, and	(Elector Register) or, in the case of summer
			d I am properly on the permanent electors n the boundaries of the above-named local
register of a jurisdiction. I a same boundar • a copy of a complete a comple	municipality with am applying to ries or within the of my identification leted statement	the same boundaries or within be added to the permanent boundaries of the above-name on, and	and I am not on the permanent electors in the boundaries of the above-named local electors register of a municipality with the d local jurisdiction. I have included (Elector Register) or, in the case of summer ages).
_		ckage including one of each	• ,
Select:	☐ Mayor ☐ Councillo		
Select one:		School Trustee e School Trustee	

Select one:			
$\hfill \square$ I would like my special ballot package sent by regular mail to the following address:			
Complete address to which the application will be mailed, including postal code			
$\hfill \square$ I will arrange for my special ballot package to be picked up during regular office hours. I would like my package held for pick up.			
Date of Request yyyy-mm-dd			
Contact telephone number:			
Contact Email:			

(Instruction: If the local jurisdiction has authorized applications by telephone under section 77.1(2) of the *Local Authorities Election Act* and an application is made by telephone, an election official will fill in this form with the information provided by the elector.

If a person must provide a copy of their identification because they are not on the permanent electors register, an application cannot be made by telephone.