

MUSQUEAM INDIAN BAND

Request for Mail in Ballot and Voter Declaration

I, _____, swear and declare that I am an Elector of the Musqueam Indian Band, and wish to obtain a mail-in ballot package from the Electoral Officer as prescribed and pursuant to the *First Nations Elections Act*, and that the information contained in the Section below is truthful and accurate.

COMPLETE THESE SECTIONS IN FULL – IF THESE SECTIONS ARE INCOMPLETE YOU MAY NOT RECEIVE A MAIL-IN BALLOT PACKAGE

Full Legal Name:

Mailing Address:

City & Province:

Postal Code:

Registry Number:

Phone Number:

Date of Birth (dd/mm/yyyy):

Email:

Date:

Signature:

WITNESS DECLARATION

I swear and affirm that I have witnessed the signature above.

Full Legal Name:

Phone:

Email:

Date:

Witness Signature:

For more information or assistance please contact:

Nicole Hajash, Electoral Officer

Email: nicole@onefeather.ca

Drew Shaw, Electoral Officer

Email: drew@onefeather.ca

Office: (250) 384-8200 TF: 1-855-458-5888 Fax: 250 384-5416

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<https://onefeather.ca/nations/musqueam>