



FORM HBV-1

[Section 30 (4) of the Act]

Application of Person Requesting Homebound Ballot

I, _____
(Name of person requesting homebound ballot)

Of: _____ Town of Outlook
(Civic address of person requesting homebound ballot)

Declaration of Homebound Voter:

- I am qualified to vote in this Town of Outlook election.
- I request to vote by homebound voting on a mutually agreed upon (with election officials) date and time between the dates of the advance poll and election day.

I will not be able to attend at an established polling place to vote for the following reason (check one):

- Personal disability or limited mobility
- I am a resident caregiver of a voter who is unable to attend at an established polling place to vote by reason of disability or limited mobility and, because of the care required by that voter, I am also unable to attend at an established polling place to vote

Civic address of voter with disability or limited mobility where homebound voting will take place (if different from address of caregiver):

_____ Town of Outlook

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*.

Date: _____, 20_____. _____
(Signature of Person Requesting Homebound voting)

I, _____, the undersigned, certify that the applicant:
(Name of Witness)

- a) Is personally known to me
- b) Is qualified to vote in this Town of Outlook election.
- c) Is (check one)
 - Unable to attend at an established polling place to vote by reason of disability or limited mobility; or
 - A resident caregiver of a voter who is unable to attend at an established polling place to vote by reason of disability or limited mobility.

Dated this _____ day of _____, 20_____.

(Address of Witness)

(Signature of Witness)