LOCAL GOVERNMENT ELECTION

FORM C and FORM R
[Subsection 92 of the Act and clause 18(1)(a) of the Regulations and Subsection 96(2) and 121(2) of the Act]

Voter’s Registration Form and Poll Book/Declaration of Person Requesting Mail-in Ballot

Name: ________________________________________________________________________________
(Print)

Address: ________________________________________________________________________________
(Print)

Election held in the City of Regina, Ward No._____, Regina Public School Division No. 4 of Saskatchewan Subdivision No._______ and Regina Roman Catholic Separate School Division No. 81

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

- 1 I am a Canadian citizen.
- 2 I am the full age of 18 years or will attain the full age of 18 years on or before election day.
- 3 I have not already voted at this election.

School Division Voters

1. On the day of the election, I:
   (a) have resided for at least three consecutive months immediately preceding the day of the election in the:
       - (i) Regina Public School Division No. 4; or
       - (ii) Regina Separate School Division No. 81, and I am of the religious faith of the minority that established the separate school division;
   (b) qualify as a voter of that school division; and
   (c) have resided in Saskatchewan for at least six consecutive months immediately preceding the day of the election.

Municipal Voters

2. On the day of the election:
   (a) I: (complete one)
       - (i) have resided for at least three consecutive months immediately preceding the day of the election in the City of Regina; or
       - (ii) 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
   (b) I have resided in Saskatchewan for at least six consecutive months immediately preceding the day of the election.
Declaration of Person Requesting Mail-In Ballot

Declaration of Absentee Voter:

☐ I request that a mail-in ballot be issued to me.

Address where the Mail-in ballot is to be mailed: _______________________________________________ 
________________________________________________________________________________________ 
(Please Print)

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

Dated this _____________________day of _______________________, 2020

Witness:

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.

_________________________________________  ____________________________________________
(Deputy Returning Officer)  (Voter)

FOR ELECTION OFFICIAL USE ONLY

Regular Poll & Advance Poll Register

<table>
<thead>
<tr>
<th>QUALIFICATION(P/S)</th>
<th>OBJECTED TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAYOR/COUNCILLOR</td>
<td>DECLARED</td>
</tr>
<tr>
<td>MAYOR/COUNCILLOR/PUBLIC SCHOOL</td>
<td>REFUSED TO DECLARE</td>
</tr>
<tr>
<td>MAYOR/COUNCILLOR/SEPARATE</td>
<td></td>
</tr>
<tr>
<td>BYLAW/QUESTION</td>
<td></td>
</tr>
</tbody>
</table>

Mail-In Ballot Register

<table>
<thead>
<tr>
<th>Date application accepted:</th>
<th>Ballot Accepted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Mail-In Ballot kit mailed/provided:</td>
<td>Ballot Not Accepted:</td>
</tr>
<tr>
<td>Date Mail-In Ballot received:</td>
<td>Ballot Spoiled</td>
</tr>
</tbody>
</table>

Remarks: ____________________________  Public School Number: ________________
__________________________________  Separate School Number: ________________
__________________________________  Consecutive Number: ________________