Form EL16

(Prepare in triplicate)

APPLICATION FOR REMOVAL OF ANOTHER'S NAME FROM VOTERS' LIST

Municipality		
Surname of Applicant	Given Names	
Full Address of Residence	Apt #	Postal Code

IN RESPECT OF

Name as Entered in Voters' List		
Full Address of Residence	Apt #	Postal Code

ENTERED ON LIST FOR

(),	Voting Subdivision No. (if any)	Assessment Roll Number (to be completed by Clerk or designated election official)
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STATEMENT BY APPLICANT

I, the undersigned, hereby state:

That I have good reason to believe that the person named above as entered on the Voters' List for the said voting subdivision in this municipality is not entitled to be an elector and to have her/his name entered on the Voters' List.

(signature of applicant)

(date signed)