POWER OF ATTORNEY FOR REGISTRATION on the list of electors or the referendum list and APPLICATION TO VOTE BY MAIL

Designation of the person to register onto the list among the co-owners of a immovable or the co-occupants of a business establishment

| 1 REGISTRATION CONTEXT | | |
|---|-----------------------------|----------------|
| Undivided co-owners of a immova Co-occupants of a business established | Since | |
| Address of the immovable or busine | ess establishment | |
| | | |
| Number and name of roadway | Municipality | Postal code |
| Application for registration on the | | |
| municipal list of electors | RCM list of electors refere | endum list |
| 2 DESIGNATED PERSON* | | |
| | Da | te of birth |
| First name | Last name | Year Month Day |
| | | |
| Telephone number E-mail | | |
| Domiciliary address | | |
| | | |
| Number and name of roadway | Apt. Municipality | Postal code |

* This person must be of legal age and a Canadian citizen. He or she must not have lost their election rights. The person must not be entitled to have his or her name registered on the list of electors or the referendum list in a higher-ranking capacity than that of the co-owner of the building or co-occupant of a business establishment.

3 SIGNATURE OF THE CO-OWNERS OR CO-OCCUPANTS

Signatories must be electors or qualified voters. Most co-owners or co-occupants must sign. If there are only two co-owners or co-occupants, **both parties must sign**.

| First and last names | Signature | Date |
|----------------------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

This power of attorney shall remain valid until withdrawn or replaced.

Please return the form to the office of the returning officer of the municipality concerned.

BE CAREFUL! To vote by mail, you must complete the application <u>on the back</u> of the form.

SMRC-9.1-VA (23-01) Act respecting elections and referendums in municipalities, sections 54, 55, 55.1, 341, 514, 525, 526 and 526.1, 582.1 and 659.4

4 APPLICATION TO VOTE BY MAIL

As the designated* co-owner or co-occupant, I hereby apply to vote by mail.

| First name | Last name | | | | |
|------------|-----------|------|------|-------|-----|
| | | Date | | | |
| Signature | | Dato | Year | Month | Day |

*This must be the person designated for entry on the list of electors or the referendum list on the front of this document or on an existing power of attorney.

This application to vote by mail will remain valid until withdrawn or replaced, or until the municipality cancels voting by mail.