INSTRUCTIONS: REQUEST FOR MAIL BALLOT

1. Complete this application form and email, fax, mail, or deliver it to either the:
   - Chief Election Officer, Branden Morgan, bmorgan@hope.ca ; OR
   - Deputy Chief Election Officer, Donna Bellingham, dbellingham@hope.ca

   FAX: 604-869-2275
   PO Box 609
   325 Wallace Street
   Hope, BC V0X 1L0

2. If your application is complete and you qualify to vote by mail ballot, a mail ballot package will be sent to you as soon as the ballots are available. If we receive your application after October 15, 2026, at 4:00 p.m., the time may be insufficient for mailing and receipt of the ballot; we recommend that you arrange to pick up a mail ballot package from the District of Hope Municipal Office.

3. You are responsible for ensuring that your completed ballot and documents are received by the chief election officer by October 17, 2026, before the close of voting at 8:00 p.m.

I,_____ apply to vote by mail as a [choose (A) or (B)]:
(Please print full name of elector)

A. Resident Elector _____

(Please print residential address and postal code)

OR

B. Non-Resident Property Elector _____

(Please print address of real property in relation to which the elector is voting)

and request that I receive a ballot to vote by mail, under the provisions of the *Local Government Act* section 110 in the election on October 17, 2026.

I hereby declare that I am:

- ☐ 18 years of age or older on general voting day (October 17, 2026); and
- ☐ a Canadian citizen; and
- ☐ a resident of British Columbia for at least six months immediately before the day of voter registration; and
- ☐ a resident of the municipality; OR
  a non-resident owner of real property in the municipality for at least 30 days immediately before the day of voter registration; and
- ☐ not disqualified by law from voting in an election or otherwise disqualified by law.

I request that you provide me with a mail ballot package as follows *(check ONLY one)*:

- ☐ keep it at the District of Hope Municipal Office for me to pick up;
- ☐ keep it at the District of Hope Municipal Office for the following person to pick up :

  Name _____ and

  Address:_____

  _____

- ☐ mail it to my residential address; or
- ☐ mail it to the following address: _____

Date:_____

Signature of Elector:_____

Phone number and/or email address of Elector:_____

Freedom of Information and Protection of Privacy Act Notice

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act sections 26(a) and 26(c) and will be used only for the purpose of the mail ballot voting process for the 2026 General Election pursuant to the Local Government Act section 110. If you have any questions about the collection and use of this information, please contact the Chief Election Officer or Deputy Chief Election Officer, District of Hope Municipal Office, 604-869-5671 or by emailing bmorgan@hope.ca OR dbellingham@hope.ca .