



**TOWN OF INUVIK**

**APPLICATION TO AUTHORIZE PROXY VOTER**

**For the Election of Mayor and/or Councillors and/or District Education Authority, and/or any Question/s to the Voter**

I, \_\_\_\_\_, of \_\_\_\_\_,  
*Name of Applicant Voter* *Address*

hereby say, that:

- (a) I have reason to believe that I will be unable to vote either at an advance vote or on election day;
- (b) I am a Canadian Citizen;
- (c) I am at least eighteen (18) years of age;
- (d) I am ordinarily resident in \_\_\_\_\_, and have  
*Name of Community*  
been for at least 12 consecutive months immediately preceding election day;
- (e) I have not authorized anyone else to vote on my behalf, and
- (f) I understand that this completed application and consent form must be submitted to the office of the Returning Officer no later than **3:00 p.m. on Wednesday, October 16, 2024.**

THEREFORE, I do authorize \_\_\_\_\_, of  
*Name of Proxy Voter*

\_\_\_\_\_, to vote on my behalf as a proxy voter.  
*Address of Proxy Voter*

DATED at the community of \_\_\_\_\_,  
*Name of Community*

on \_\_\_\_\_, 2024.  
*Date*

\_\_\_\_\_  
*Signature of Applicant Voter*

\_\_\_\_\_  
*Voting Station of Applicant Voter*  
*(Proxy Voter must vote at Applicant Voter's voting station)*

**CONSENT OF PROXY VOTER**

I, \_\_\_\_\_,  
*Name of Proxy Voter*

- (a) consent to act as a proxy voter for \_\_\_\_\_; and  
*Print Name of above Applicant Voter*
- (b) I understand that this completed application and consent form must be submitted to the office of the Returning Officer no later than **3:00 p.m. on Wednesday, October 16, 2024.**

\_\_\_\_\_  
*Signature of Proxy Voter*

*Initials of Returning Officer:* \_\_\_\_\_