



Local Jurisdiction: **CITY OF LETHBRIDGE,
LETHBRIDGE SCHOOL DIVISION,
HOLY SPIRIT CATHOLIC SCHOOL DIVISION, WARD 2,**
Province of Alberta.

Election Date: **OCTOBER 18, 2021**

SECTION 1	
The Electors as listed in Schedule 'A' are residents of	
_____ located at,	
(Name of Facility)	
_____ Lethbridge, Alberta, _____.	
(Address)	(Postal Code)
SECTION 2	
To be completed by Responsible Authority of the Long Term Care or Supportive Living Facility	
I, the undersigned, am the responsible authority of:	
_____ , located at	
(Name of Facility)	
_____ Lethbridge, Alberta, _____	
(Address)	(Postal Code)
and have verified the residence of the Electors of Schedule 'A'.	

(Name of Responsible Authority)	
_____	_____
(Signature of Responsible Authority)	(Date)

This document, once completed, may be used as proof of ordinary residence for the purpose of voting in the 2021 Municipal Election.

IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT

Note: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 53.1 of the *Local Authorities Election Act*, as well as section 95(1)(a)(ii) of the *Election Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact Bonnie Hilford, Returning Officer, Phone 403-320-3111 or visit the Office of the City Clerk in City Hall at 910 – 4th Avenue South, Lethbridge, Alberta, T1J 0P6.

Schedule 'A'
Attestation of Identity and Ordinary Residence for Elector
In Long Term Care or Supportive Living Facility

Name of Resident	Name of Resident