



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

Election Date: **OCTOBER 20, 2025**

SECTION 1

To be completed by individual residing in a Shelter

Name of Elector: _____
(Full Name of Elector)

Elector's address of ordinary residence: _____
(Address)

Lethbridge, Alberta, _____ .
(Postal Code)

Only one place of ordinary residence is permitted. A person's place of ordinary residence is where a person eats, sleeps, and when absent from it, they intend to return.

I certify that the information provided is true:

(Elector's Signature)

(Date)

SECTION 2

To be completed by Responsible Authority of Shelter

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 Elector of Section 1.

(Signature of Responsible Authority)

(Date)

**This document, once completed, may be used as proof of ordinary residence for the purpose of voting in the
2025 Election.**

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

Note: The personal information collected through this form is for the administration of the election. This collection is authorized under section 4(c) of the *Protection of Privacy Act*. If you have any questions about the collection, contact Bonnie Hlford, 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.