

LOCAL JURISDICTIONS:**PARKLAND COUNTY, PROVINCE OF ALBERTA****THE PARKLAND SCHOOL DIVISION, PROVINCE OF ALBERTA****THE EVERGREEN CATHOLIC SEPARATE REGIONAL DIVISION, PROVINCE OF ALBERTA****THE ST. THOMAS AQUINAS ROMAN CATHOLIC SEPARATE REGIONAL DIVISION,
PROVINCE OF ALBERTA**ELECTION DATE: OCTOBER 20, 2025

VOTING SUBDIVISION OR WARD (If applicable): _____

VOTING STATION: 24 SPECIAL BALLOTI, _____ of _____,
(printed first name and surname) (complete address and postal code)

_____ am unable to vote at an advance voting station or at the voting station on election day.

Select one:

- ☐ I am properly **on the permanent electors register** for the above-named local jurisdiction.
- ☐ I am not **on the permanent electors register** for the above-named local jurisdiction, **and I am applying to be added to the permanent electors register. I have included**
- a copy of my identification, and
 - a completed statement of elector eligibility on Form 13 (Elector Register)
- ☐ The above-named local jurisdiction is not a municipality, and I am properly on the permanent electors register of a municipality with the same boundaries or within the boundaries of the above-named local jurisdiction.
- ☐ The above-named local jurisdiction is not a municipality, and I am not on the permanent electors register of a municipality with the same boundaries or within the boundaries of the above-named local jurisdiction. I am applying to be added to the permanent electors register of a municipality with the same boundaries or within the boundaries of the above-named local jurisdiction. I have included
- a copy of my identification, and
 - a completed statement of elector eligibility on Form 13 (Elector Register).

I request a special ballot package including one of each of the following ballots:

Select:

- ☐ Chief Elected Official
☐ Councillors
☐ Bylaw or Question

Select one (if applicable):

- ☐ A Public School Trustee
☐ A Separate School Trustee

Select one:

- ☐ I would like my special ballot package sent by regular mail to the following address:

(complete address to which the application will be mailed, including the postal code)

- ☐ I will arrange for my special ballot package to be picked up during regular office hours. I would like my package held for pick up. _____
(date of request)

Contact telephone number: _____

Contact email address: _____

(Instruction: If the local jurisdiction has authorized applications by telephone under section 77.1(2) of the *Local Authorities Election Act* and an application is made by telephone, an election official will fill in this form with the information provided by the elector.

If a person must provide a copy of their identification because they are not on the permanent electors register, an application cannot be made by telephone.)

Personal information provided is collected in accordance with Section 4(c) of the Alberta *Protection of Privacy Act* (POPA) and will be protected under Part 1 of that Act. It will be used for the management of the local election. Should you require further information about collection, use and disclosure of personal information, please contact: Parkland County's Legal Services Coordinator, 53109A HWY 779, Parkland County, Alberta, T7Z 1R1, and 780-968-3229.