



INSTRUCTIONS: REQUEST FOR MAIL BALLOT



1. Complete this application form and email, fax, mail, or deliver it to the Chief Election Officer, Cynthia Dick, elections@acrd.bc.ca, fax 250-723-1327, ACRD Office 3008 Fifth Avenue, Port Alberni, BC, V9Y 2E3
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 8, 2026**, 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 ACRD Office 3008 Fifth Avenue, Port Alberni, BC, V9Y 2E3.
3. You are responsible for ensuring that your completed ballot and documents are received by the chief election officer at the ACRD Office 3008 Fifth Avenue, Port Alberni, BC, V9Y 2E3 on **VOTING DAY Saturday, October 17** before the close of voting at 8 p.m.

I, _____ apply to vote by mail as a [please 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)

*If there are multiple owners, the non-resident property elector consent form **must** be attached to this application.

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 GENERAL VOTING DAY

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 regional district electoral area or trustee electoral area; OR
a non-resident owner of real property in the regional district electoral area or trustee electoral area 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.

You must produce photocopies of at least two (2) documents that provide evidence of your:

- identity; and
- place of residence.

At least one (1) must contain your signature.

List of accepted identification (**Please circle the ID you are submitting**):

Driver's Licence	Car Insurance Papers (ICBC)	Utility Bill (cable, electricity,
BC Identification Card	BC Care Card	Property Tax Notice
Status Card (Certificate of Indian Status)	Provincial Social Assistance Form (SDES8)	Credit Card or Debit Card
Citizenship or Membership card issued by a First Nation	Social Insurance Number Card (or SIN letter issued by Federal Gov't)	Photo BC Services Card
Citizenship card issued by Metis Nation BC	Citizenship Card	Non-Photo BC Services Card
Valid Current Passport	Birth Certificate	Firearms Licence
Nexus Card		

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

- ☐ keep it at the ACRD Office for me to pick up;
- ☐ keep it at the ACRD 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 local elections pursuant to the Local Government Act section 110. If you have any questions about the collection and use of this information, please contact Cynthia Dick, General Manager of Administrative Services at 250-720-2706, or email foi@acrd.bc.ca.



Alberni-Clayoquot Regional District/School District No. 70 Pacific Rim



NON-RESIDENT PROPERTY ELECTOR CONSENT FORM

We, together with the person registering, constitute a majority of registered owners of the real property noted below and hereby give consent to

(name of non-resident property elector)

being registered as the Non-Resident Property Elector for the jointly owned property

legally described as _____,
(legal description of property)

and located at _____.
(street address or location)

name

signature

name

signature

name

signature

name

signature

name

signature

NOTE: The person registering as the non-resident property elector must be one of the registered owners of the property.

Include a document that shows you own the property for which you are voting. Examples of acceptable proof of ownership documents are certificate of title, property tax notice or property assessment notice. Photocopies are acceptable; original documents will not be returned to you.