



VOTING SCRUTINEER APPLICATION

BYLAW NO. 627 - ELECTORAL AREA WOODCHIPPING AND CLIMATE RESILIENCY SERVICE

APPLICANT INFORMATION (all fields required)

Last Name	First Name	Middle Name
Residential Street Address	Apt. No.	City/Town
Mailing Address or P.O. Box (if different from residential address)	City/Town	Postal Code
Date of Birth	Telephone Number	

STATEMENT ON QUESTION (check one only)

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I am in favour of the question which is the subject of the above voting

I am opposed to the question which is the subject of the above voting

VOTING LOCATION (more than one choice may be selected)

The polling station for which I would prefer to be appointed as scrutineer is:

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October 7 – Strathcona Regional District Office, Campbell River

October 15 – Strathcona Regional District Office, Campbell River

October 17 – Strathcona Regional District Office, Campbell River

October 17 – Mansons Hall – Cortes Island

October 17 – Gorge Hall – Cortes Island

October 17 – Quadra Island Elementary School

October 17 – Quadra Island Golf Course

October 20 – Final Determination, Strathcona Regional District Office, Campbell River*

October 27-30 (TBD by Court) – Judicial Recount (if required) *

**only available if selected as scrutineer for a voting location*

DECLARATION

By signing and submitting this application I declare that:

1. I am a Canadian citizen;
2. I am currently, or will be 18 years of age or older on October 17, 2026;
3. I am and have been a resident of British Columbia for the past 6 months immediately before today;
4. I am and have been a resident of the above noted voting jurisdiction for at least 30 days immediately before today;

OR

I am and have been the registered owner of real property within the above voting jurisdiction for at least 30 days immediately before today;

5. I am not disqualified by the *Local Government Act* or any other enactment or law from voting in an election in British Columbia, and am not otherwise disqualified from voting;
6. The information provided herein is accurate and complete to the best of my knowledge.

Signed _____

Dated _____

Please submit to: elections@srd.ca

Chief Election Officer – Strathcona Regional District
990 Cedar Street, Campbell River, BC V9W 7Z8