VOTING SCRUTINEER APPLICATION

BYLAW NO. 643 - STRATHCONA GARDENS RECREATION CENTRE 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)

- ☐ 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:

- ☐ October 7 – Strathcona Regional District Office, Campbell River
- ☐ October 7 – City of Campbell River Community Centre, Campbell River
- ☐ October 14 – Sportsplex, Campbell River
- ☐ October 15 – Strathcona Regional District Office, Campbell River
- ☐ October 17 – Strathcona Regional District Office, Campbell River
- ☐ October 17 – Community Centre. Campbell River
- ☐ October 17 – Oyster Bay Resort – Electoral Area D
- ☐ October 17 – Ocean Grove School – Electoral Area D
- ☐ 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