



Note: The personal information collected through this form is for administering the election. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Manager of Legislative Services, 780-594-4494 ext. 7915, City of Cold Lake, 5513 – 48 Avenue, Cold Lake, Alberta T9M 1A1.

LOCAL JURISDICTION: CITY OF COLD LAKE, PROVINCE OF ALBERTA

ELECTION DATE: **OCTOBER 20, 2025**

Voting Subdivision (if applicable): N/A

Voting Station: Energy Centre

I, _____ of
Printed First Name and Surname

Complete Municipal 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 elector's 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 elector's 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 elector's 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 elector's 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:

Please select:

- ☐ Chief Elected Official
- ☐ Councillors
- ☐ Bylaw or Question

Please 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



FORM 22
REQUEST FOR SPECIAL BALLOT PACKAGE
Local Authorities Election Act (section 77.1)

- ☐ 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.)