



Form 22 Request for Special Ballot Package

Local Authorities Election Act
(Section 77.1)

LOCAL JURISDICTION: City of Medicine Hat, PROVINCE OF ALBERTA

ELECTION DATE: October 20, 2025

VOTING SUBDIVISION OR WARD (if Applicable) N/A

VOTING STATION: N/A

I, _____ 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) or, in the case of summer villages, on Form 13 SV (Elector Register for Summer Villages).
- ☐ 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 (Mayor)
- ☐ Councillors
- ☐ ~~Bylaw or Questions~~

Select one (if applicable):

- ☐ A Public School Trustee
- ☐ A Separate (Catholic School Board)
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 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 yyyy-mm-dd

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.)

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

ATI Coordinator, 580 1 Street SE, Medicine Hat, AB, 403-529-8221, foip@medicinehat.ca

Contact information: business title/organization, phone number and address

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

ATI Coordinator

403-529-8221

Business Title/Organization

Business Phone Number

580 1st Street SE

Medicine Hat

AB

T1A 8E6

Address

City or Town

Province

Postal Code

LOCAL JURISDICTION: **CITY OF MEDICINE HAT**, PROVINCE OF ALBERTA

ELECTION DATE: **October 20, 2025**

VOTING SUBDIVISION OR WARD (If applicable): **N/A**

SUBDIVISION OR WARD (If applicable): **N/A**

VOTING STATION: **Counting Centre**

STATEMENT OF ELECTOR ELIGIBILITY

I, _____ of _____,
name of elector complete address and postal code

born on _____, am eligible to vote at the above-mentioned election because
birth date

- I have not voted before in this election,
- I am 18 years of age or older,
- I am a Canadian citizen,
- My place of residence is in the voting subdivision or ward on election day, and
- I have provided the required proof of eligibility as required by section 53 of the *Local Authorities Election Act*, or, if applicable, I have provided identification for inspection and my residence has been vouched for.

I am eligible to vote for:

Select one (if applicable) ☐ A Public School Trustee ☐ A Separate School Trustee

Signature of Elector

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

BALLOTS ISSUED TO ELECTOR

- ☐ Chief Elected Official ☐ Bylaw or Question
☐ Councillors ☐ Separate School Trustee
☐ Public School Trustee

DEPUTY RETURNING OFFICERDeputy's Initials**Voter Number** _____☐ Identification Shown

Select one:

☐ The elector is on the permanent electors register for the above-named local jurisdiction.☐ The elector is NOT on the permanent electors register for the above-named local jurisdiction. Statement of elector eligibility completed.☐ The above-named local jurisdiction is not a municipality, and the elector is 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 the elector is NOT on the permanent electors register of a municipality with the same boundaries or within the boundaries of the above-named local jurisdiction. Statement of elector eligibility completed.☐ The above-named local jurisdiction is not a municipality, and the elector resides in a summer village that does not have a permanent electors register. The summer village is within the boundaries of the above-named local jurisdiction. Statement of elector eligibility completed.

If the elector is not on the permanent electors register, select one:

☐ Proof of residence shown☐ Elector's residence vouched for**ELECTOR WHO IS UNABLE TO VOTE IN THE USUAL MANNER**☐ Ballot of elector who is unable to vote in the usual manner was marked by another person

Reason

--