FORM 22

Request for Special Ballot Package

Local Authorities Election Act
(Section 77.1)

LOCAL JURISDICTION: Town of Innisfail , PROVINCE OF ALBERTA

ELECTION DATE: October 20, 2025

VOTING SUBDIVISION OR WARD (if Applicable) _____

VOTING STATION: _____

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
- ☐ Councillors
- ☐ Bylaw or Questions

Select one (if applicable):
- ☐ A Public School Trustee
- ☐ A Separate 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 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact

_____

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