



River District

OWEN SOUND

Form RD13

Appointment of Voting Proxy

Complete two copies of this form.

Member Appointing a Proxy

1. You must be eligible to vote in the River District Board of Management election.
2. The person you are appointing must be eligible to vote in the River District Board of Management election.
3. You must know the person who you are appointing and be able to fill in their information.

To complete the form:

1. Provide your information in Box A.
2. Provide the information of the person you are appointing in Box B.
3. Sign and date the form in Box C.

Note: You must fill in the information of the person you are appointing before signing the form in Box C.

After completing two copies of the form, give them to the person who you are appointing as your proxy.

Member Being Appointed

1. You must be eligible to vote in the River District Board of Management election.
2. You may be appointed as the proxy of one Member.

To certify the appointment:

Once the Member appointing you has given you two copies of the completed form, make an appointment with the Election Manager by emailing riverdistrictelection@owensound.ca or by calling 519-376-4440 ext. 1229 to present the two copies of the form.

The Election Manager may require you to provide proof of identity or eligibility to vote before certifying the proxy.

You must sign the form in Box D in front of the Election Manager.

After certifying the proxy (Box E), the Election Manager will keep one copy of the form and give the other copy back to you.

To vote as a proxy:

Take the completed and certified form to the Voting Place. When you present the form, you will be required to take the oath in Box F. After taking the oath, you can vote on behalf of the Member who appointed you.

Box A: Member Making Appointment	For Office Use (initial after voters' list has been checked)
---	--

Last Name: _____ Given Name(s): _____

Full qualifying address within the River District

Suite/Unit Number: _____ Street Number: _____ Street Name: _____

Municipality: _____ Province: _____ Postal Code: _____

Mailing Address Same as qualifying address

Suite/Unit Number: _____ Street Number: _____ Street Name: _____

City/Town: _____ Province: _____ Postal Code: _____

Box B: Member Appointed	For Office Use (initial after voters' list has been checked)
--------------------------------	--

Last Name: _____ Given Name(s): _____

Full qualifying address within the River District

Suite/Unit Number: _____ Street Number: _____ Street Name: _____

Municipality: _____ Province: _____ Postal Code: _____

Mailing Address Same as qualifying address

Suite/Unit Number: _____ Street Number: _____ Street Name: _____

City/Town: _____ Province: _____ Postal Code: _____

Box C: Statement of Member Making Appointment
--

I, the undersigned, a qualified Member in the River District Business Improvement Area, do hereby appoint _____ to vote on my behalf.
(Member named in Box B)

Signature of Member Making Appointment

Date (yyyy/mm/dd)

Note: You cannot sign this proxy form until Box B is completed. The name of the Member appointed **must** be filled in at the time the Member making the appointment signs the statement.

Box D: Declaration by Member Appointed (to be completed in the presence of the Election Manager)

I, the undersigned, a qualified Member in the River District Business Improvement Area, affirm that I have been appointed to vote in good faith and have been instructed to do so on behalf of the Member who made the appointment and that I have not been previously appointed to vote on behalf of any other Member.

Declared before Election Manager:
at the City of Owen Sound in the County of
Grey this _____ day of _____, 2022.

Signature of Member Appointed

Signature of Election Manager

Box E: Certification by Election Manager

I hereby certify that the Member making the appointment is qualified to vote in the River District Board of Management election and that the Member appointed is qualified to vote in the River District Board of Management election and is authorized to vote on behalf of the Member making the appointment.

Signature

Date Certified (yyyy/mm/dd)

Note: The Election Manager may require proof of identity or eligibility to vote of the Member appointed before certifying the proxy.

Box F: Oral Oath

I do solemnly swear (or affirm):

- That I am the Member appointed; and
- That I am voting in good faith on behalf of the Member who made the appointment; and
- I have not been previously appointed to vote on behalf of any other Member.