



TOWN OF INUVIK

Municipal Election 2015

APPLICATION TO AUTHORIZE PROXY VOTER

I _____ of INUVIK, being eligible to vote
(Print Name)

at the election in INUVIK, and having reason to believe that I will be unable to vote either
at an advance vote held on October 6, 2015 or on election day, hereby authorize

to vote on my behalf as a Proxy Voter at this election.

I have not authorized any other person to act as my Proxy Voter at this election.

Dated this _____ day of _____, 2015.

Signature of Proxy Voter

Applicant

Returning Officer Signature (*upon return*)