



TOWN OF INUVIK

VOTERS LIST AMENDMENT FORM

Change:

New:

Voter Details - * denotes mandatory field

Last Name*: _____

First Name*: _____

Middle Name: _____

Date of Birth* Year: _____

Month _____

Day _____

Address*: Street Number: _____

Street Name: _____

Mailing Address: _____

E-mail: _____

Telephone: _____

I declare that I am a Canadian Citizen and eligible to vote in the upcoming election.

Signature of Voter