

APPLICATION FOR RECOGNITION OF A TICKET

Municipality _____	Polling date _____ _____ _____ Year Month Day
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I hereby solicit from _____, returning officer, the recognition of the ticket, named hereinafter, pursuant to the *Act respecting elections and referendums in municipalities (AERM)*.
First and last name of the returning officer

SECTION 1 TICKET

Name of the ticket: _____

Address to which all communications intended for the ticket should be sent:

_____ Number and name of roadway	_____ Municipality	_____ _____ _____ Postal code
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SECTION 2 LEADER OF THE TICKET

_____ First name	_____ Last name	_____ _____ _____ Telephone number
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Address:

_____ Number and name of roadway	_____ Apt.	_____ Municipality	_____ _____ _____ Postal code
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SECTION 3 SUPPORTING SIGNATURES

Name, address and signature of at least 10 electors of the municipality in favour of this application.

#	First and last name	Address	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SECTION 4 SIGNATURES

_____ Leader of the ticket	_____ _____ _____ Year Month Day
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I grant the recognition of the aforementioned ticket.

_____ Returning officer	_____ _____ _____ Year Month Day
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