

**FORM 22***Local Authorities Election Act*  
(Section 77.1)

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

Access and Privacy Advisor, Sturgeon County780-939-4321

Business Title/Organization

Business Phone Number

9613 100 Street, Morinville, AB, T8R 1L9

Address, City or Town, Province, Postal Code

LOCAL JURISDICTION: Sturgeon County, 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 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.)