

**ABSENTEE BALLOT REQUEST FORM -LOCAL LODGE 2921 IAMAW**

**Main: 905-673-0596 Fax 905-673-2566**

**I REQUEST AN ABSENTEE BALLOT FOR VOTING ON THE UPCOMING ELECTION(S)**

**PRINT CLEARLY:**

|  |  |
| --- | --- |
| **Election(s):** | **Date of Election:** |

I REQUEST AN ABSENTEE BALLOT AS I RESIDE OUTSIDE THE FORTY (40) KM RADIUS. ☐ (As verified by Google Maps or MapQuest)

I REQUEST AN ABSENTEE BALLOT AS I WILL BE ON MY VACATION. ☐

I REQUEST AN ABSENTEE BALLOT AS I AM ON VERIFIED ILLNESS. ☐

I REQUEST AN ABSENTEE BALLOT AS I WILL BE ON OFFICIAL I.A.M.A.W. BUSINESS. ☐

I REQUEST AN ABSENTEE BALLOT AS I WILL BE ON EMPLOYER TRAVEL ASSIGNMENT. ☐

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UNIONCARDNo.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*
 ***\*Must be entered or your request will be null & void.***

ADDRESS: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

APT/Unit/Suite: \_ \_ \_ \_ \_ CITY/TOWN: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ POSTAL CODE: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

RETIRED **☐** ACTIVE **☐** (Please specify work location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This absentee ballot request must be returned to the Recording Secretary by handing in person or by mailing such request via Canada Post in an individual envelope to:

**Recording Secretary**
6500 Silver Dart Drive
P.O. Box 189
Toronto AMF, Ontario
L5P 1B1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature**