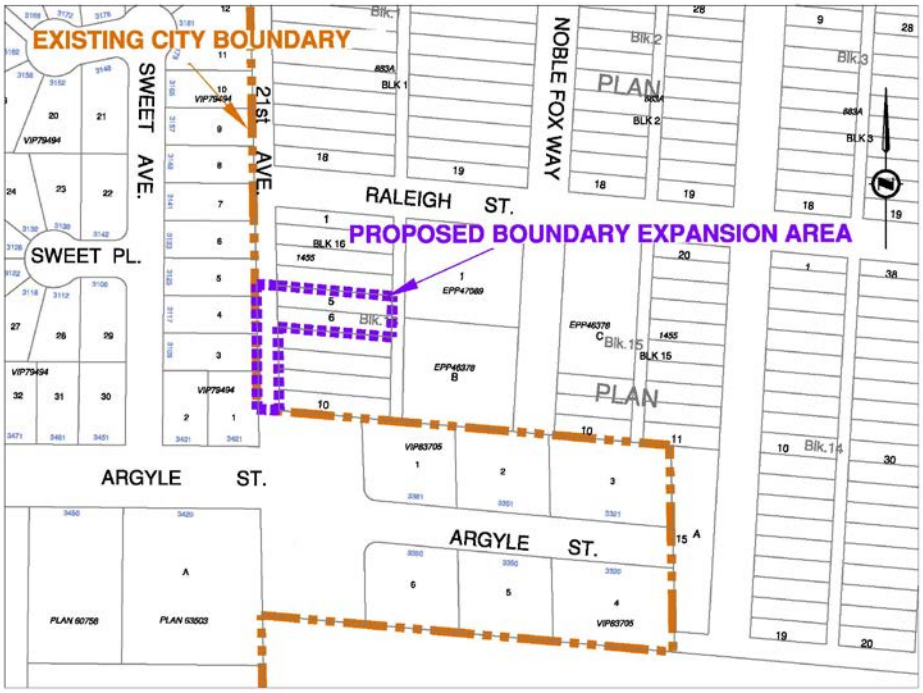
ELECTOR RESPONSE FORM
ALTERNATIVE APPROVAL PROCESS
PROPOSED BOUNDARY EXTENSION

The City of Port Alberni intends to petition the Minister of Municipal Affairs and Housing requesting an extension of the area of the municipality to include the lands outlined below and legally described as Lots 5 & 6, Block 16, District Lot 132, ACRD:



If you are an eligible elector in the City of Port Alberni and are opposed to the boundary extension, you may indicate your opposition by signing and returning this *Elector Response Form* to City Hall by **4:30 p.m. on Monday, November 27, 2017**.

I acknowledge that I am eligible to submit this *Elector Response Form.* **I hereby certify that:**

1. I am a Canadian citizen;

2. I am 18 years of age or older;

3. I have lived in British Columbia for at least the last six months;

4. I have been a resident of the City of Port Alberni for at least the past 30 days;

5. In the case of a Non-Resident Property Elector:

   a) I am not entitled to vote as a Resident Elector in the City of Port Alberni for the purpose of this matter;
   b) I have been a registered owner of real property in the City of Port Alberni for at least the past 30 days;

c) I acknowledge that I may sign this *Elector Response Form* on behalf of only one property that I own in the City of Port Alberni;

d) If there is more than one individual who is the registered owner of the property, only one of these individuals may sign this *Elector Response Form* in relation to the property, assuming the Non-Resident Property Elector has the written consent of the number of individuals who, together with the person signing this *Elector Response Form*, constitutes a majority of the registered owners; and

6. I am not disqualified from voting under the *Local Government Act* or any other enactment or otherwise disqualified by law from voting.

I understand and acknowledge that I may not sign this Elector Response Form more than once in relation to this alternative approval process.

FULL NAME OF ELECTOR:	**FULL RESIDENTIAL ADDRESS OF ELECTOR:**
SIGNATURE OF ELECTOR:	**ADDRESS OF PROPERTY (If Non-Resident Property Elector):**

This *Form* may be mailed, faxed, emailed or submitted in person to:

Davina Hartwell, City Clerk
City of Port Alberni
4850 Argyle Street, Port Alberni, BC V9Y 1V8

Fax (250) 723-1003); email davina_hartwell@portalberni.ca
before 4:30 p.m. on **Monday, November 27, 2017**