

year month day

School board			
This is meant to inform t that the elector prefers:	he director general or the re	eturning officer of the schoo	l board mentioned above
to exercise his voting	g right in the school board;		
to revoke his option	to exercise his voting right	in the school board.	
Elector concerned by the	option or the revocation		
First name	(block letters)	Last name at birth	Area code Telephone number
Sex: M F Date of	birth: year month day	Fmail	address
	yeai month day	Email	addiess
Current domiciliary address:			Since:
No.	Street / avenue	Apartme	nt year mouth day
Municipality		Postal co	de
Previous domiciliary addre	ess (optional):		
No.	Street / avenue	Apartme	nt
Municipality		Postal co	de
Confirmation			
I confirm that I do not h jurisdiction on the territor		n institution of any of the s	school boards that have

Signature of the elector