DISTRICT OF PEACHLAND – 2026 GENERAL LOCAL ELECTION
REQUEST FOR MAIL BALLOT

INSTRUCTIONS:

1. Complete this application form.
2. Photocopy two (2) pieces of identification that together prove who you are and where you live. One of them **must** have your signature on it (i.e. Driver's License). Photo identification is not required.
3. Submit the completed form and photocopied ID to the Chief Election Officer by one of the following methods:
   - Email to elections@peachland.ca
   - Fax to 250-767-3433
   - Mail, or other Delivery Service to:

     Attn: Chief Election Officer
     District of Peachland
     5806 Beach Avenue
     Peachland, BC V0H 1X7
4. If your application is complete and you qualify to vote by mail ballot, a mail ballot package will be sent to you as soon as the ballots are available.
5. If we receive your application after October 15, 2026, at 4:00 p.m., the time may be insufficient for mailing and receipt of the ballot; we recommend that you arrange to pick up a mail ballot package from District of Peachland Municipal Hall.
6. You are responsible for ensuring that your completed ballot and documents are received by the Chief Election Officer on **GENERAL VOTING DAY (October 17, 2026) before the close of voting at 8 p.m.**

I,_____ apply to vote by mail as a [please choose A or B]:
(Please print full name of elector)

A. Resident Elector _____
(Please print residential address and postal code)

OR

B. Non-Resident Property Elector _____
(Please print address of real property in relation to which the elector is voting)

and request that I receive a ballot to vote by mail, under the provisions of the *Local Government Act* section 110 in the election on GENERAL VOTING DAY.

I hereby declare that I am:

- ☐ 18 years of age or older on general voting day, October 17, 2026;
- ☐ a Canadian citizen;
- ☐ a resident of British Columbia for at least six months immediately before the day of voter registration;
- ☐ a resident of the municipality; OR
  a non-resident owner of real property in the municipality for at least 30 days immediately before the day of voter registration; and
- ☐ not disqualified by law from voting in an election or otherwise disqualified by law.

I request that you provide me with a mail ballot package as follows *(check ONLY one)*:

- ☐ keep it at the District of Peachland Municipal Office for me to pick up;
- ☐ keep it at the District of Peachland Municipal Office for the following person to pick up :

  Name _____ **and**

  Address: _____

- ☐ mail it to my residential address; or
- ☐ mail it to the following address:

  _____

  (Please print mailing address including postal code)

Date:_____

Signature of Elector:_____

Phone number and/or email address of Elector:_____

Freedom of Information and Protection of Privacy Act Notice:

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act sections 26(a) and 26(c) and will be used only for the purpose of the mail ballot voting process for the 2026 General Local Election pursuant to the Local Government Act section 110. If you have any questions about the collection and use of this information, please contact the Chief Election Officer, District of Peachland, 250-767-3704 or elections@peachland.ca.