



Elections ACT

Declaration Vote

ACT Aboriginal and Torres Strait Islander Elected Body Election

YOUR DETAILS - PLEASE PRINT FIRMLY

Your full name

Surname

Given names

Your former name (if changed since last enrolled)

Surname

Given names

Your PERMANENT address

Postcode

Date of birth

/ /

Contact Ph. No.

Your most recent ENROLLED address (if different)

Postcode

The date you moved to your permanent address

/ /

Declaration

I declare that I am an Aboriginal person or Torres Strait Islander and I am entitled to vote in this election. I have not already voted in this election and the information I have given on this form is complete and correct.

Your Signature or mark

SIGN HERE

Your personal information on this form may be viewed by authorised staff and scrutineers.

POLLING OFFICIAL TO COMPLETE - PLEASE PRINT FIRMLY

Issued by: (Signature)

Date

/ /

Issued at (Polling place)

TYPE OF VOTE Please tick

Liaison officer challenge

Name not found on certified list

Already marked as voted

Evidence of living in the ACT sighted

OFFICE USE

Preliminary Scrutiny

A. Entitlement check

Signature

1. Elector

Yes No

2. Issuing Officer

Yes No

B. Enrolment check

1. Certified List

Yes No

2. ACT Address

Yes No

Elector ID

4. Enrolled @ Roll Close

C. Determination

Admitted

Rejected

Reason

Initials

D. Second check of Rejects

Admitted

Rejected

Reason

Initials