



Australian Capital Territory  
**Gazette**

**SPECIAL GAZETTE**

**No. S307, Friday 23 December 1994**

**ELECTORAL ACT 1992**

**INSTRUMENT OF APPROVAL**

Pursuant to section 3 of the *Electoral Act 1992*, I hereby APPROVE the attached declaration vote envelope.

A handwritten signature in black ink, appearing to read 'Phillip Green'.

Phillip Green  
Electoral Commissioner

21 December 1994



<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-right: 10px;">Elections ACT</div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-right: 10px;"><b>Declaration Vote</b></div> </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content;">Pre-poll No.</div>	
<div style="border: 1px solid black; padding: 2px;">Elector's enrolled electorate</div> <p>I declare that I am an elector <i>Tick relevant box</i></p> <ul style="list-style-type: none"> <li>• who expects to be unable to attend at a polling place on polling day <span style="float: right;"><input type="checkbox"/> Pre-poll</span></li> <li>• whose name cannot be found on the certified list of voters <span style="float: right;"><input type="checkbox"/> Polling Day</span></li> <li>• whose name is marked as having been issued with a ballot paper <span style="float: right;"><input type="checkbox"/> Polling Day</span></li> <li>• whose address is not shown on the certified list of voters <span style="float: right;"><input type="checkbox"/> Polling Day</span></li> </ul>	<div style="text-align: center; font-weight: bold; font-size: small;">OFFICE USE</div> <div style="font-weight: bold; font-size: x-small;">Preliminary Scrutiny (Tick boxes)</div> <div style="font-weight: bold; font-size: x-small;">A Signature</div> <div style="font-size: x-small;">1 Elector Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="font-size: x-small;">2 Issuing Officer Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="font-weight: bold; font-size: x-small;">B Eligibility Check</div> <div style="font-size: x-small;">1 Certified List Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="font-size: x-small;">2 Street Records Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="font-size: x-small;">3 ACT Records Yes <input type="checkbox"/> No <input type="checkbox"/> Division Code  _ _ _ </div> <div style="font-size: x-small;">4 Deletions History Yes <input type="checkbox"/> No <input type="checkbox"/> Det Code  _ _  Date Det   /   / Division Code  _ _ _ </div> <div style="font-size: x-small;">5 Reinstated Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="font-weight: bold; font-size: x-small;">C Determination</div> <div style="font-size: x-small;">Admitted <input type="checkbox"/></div> <div style="font-size: x-small;">Rejected <input type="checkbox"/></div> <div style="font-size: x-small;">Det letter sent <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Initials</div> <div style="font-weight: bold; font-size: x-small;">D Second check of Rejects</div> <div style="font-size: x-small;">Microfilm print sought <input type="checkbox"/></div> <div style="font-size: x-small;">Received <input type="checkbox"/></div> <div style="font-size: x-small;">Admitted <input type="checkbox"/></div> <div style="font-size: x-small;">Rejected <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Initials</div>	
Elector to Complete - Please print firmly		
Surname or family name		
Full given names		
If you have changed your name since you last enrolled, please print your previous name here in full		
Address for which you claim to be enrolled	Postcode	
Date of birth	Day	Month
		Year
	Contact Ph No	
Do you still reside at your enrolled address Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, what date did you move? / /		
and what is your current address?	Postcode	
I declare that the information shown here is true and correct, that I am entitled to vote and that I have not already voted in this election		
Signature or mark of elector	/ /	
Polling Official to Complete - Please print firmly		
Signature of Issuing Officer	/ /	
Polling Place/ Pre-poll Centre		
Issuing Office		
13281 ACTEF 012 (10/94)		