## **Request for Special Ballot Package**

Local Authorities Election Act (Section 77.1)

**Note:** The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 77.1 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact

Returning Officer		780-770-9259	
	Title of the Responsible Offici	al	Business Phone Number
LOCAL JURIS	DICTION:	Leduc County	, PROVINCE OF ALBERTA
ELECTION DA	ATE: October 20, 2025		
VOTING SUBI	DIVISION OR WARD (if App	olicable)	
VOTING STAT	TION:		
Ι,		-	of
,	Pri	nted First Name and Surr	name
	Complete	Municipal Address and Po	, potal Codo
request a Spec	complete i	·	
Please select:			<u> </u>
	☐ A Public School Truste		
	A Separate School Tru Chief Elected Official	istee	
	Councillors		
	Bylaw or Question		
Please select of	one: (Election official to fill in	n if application is ma	de hy telenhone )
1 10430 301001			t by regular mail to the following address:
	Of would like my Specia	i Dallot package sell	t by regular mail to the following address.
	Complete Addres	ss to Which the Application	on will be Mailed, Including the Postal Code
	Ol will arrange for my Sphours. I would like my	pecial Ballot package package held for pic	e to be picked up during regular office k-up.
			Date of Request
Contact Teleph	none Number:	Contact Ema	il Address:
Reason why a	special ballot is requested:	physical disability	V
•		_	, e local jurisdiction
		being a returning substitute returning who may be loca	officer, deputy returning officer, constable, ng officer, candidate, official agent or scrutineer sted on election day at a voting station other elector's place of residence