

This form can be completed, printed, and brought with you as a communication tool for advance poll voting or on election day.

FULL NAME

PHONE #

ADDRESS

MY POLLING LOCATION

EMAIL

I AM REGISTERED TO VOTE

YES

NO

## TYPE OF ID I AM BRINGING WITH ME

If I am not registered to vote, I will bring one piece of identification that shows my name and current residential address.

- |  |   |
|--|---|
| <input type="checkbox"/> ONTARIO DRIVER'S LICENSE          | <input type="checkbox"/> UTILITY OR CELL PHONE BILL         |
| <input type="checkbox"/> ONTARIO PHOTO ID CARD             | <input type="checkbox"/> CREDIT CARD STATEMENT              |
| <input type="checkbox"/> STATEMENT OF GOVERNMENT BENEFITS  | <input type="checkbox"/> ACADEMIC TRANSCRIPT OR REPORT CARD |
| <input type="checkbox"/> STATEMENT OF EMPLOYMENT INSURANCE | <input type="checkbox"/> INDIAN STATUS CARD                 |
|  | <input type="checkbox"/> PAY STUB                           |

## SUPPORT NEEDS

These statements describe my support needs in order to exercise my right to vote (select all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> I HAVE DIFFICULTY READING             | <input type="checkbox"/> I HAVE DIFFICULTY STANDING FOR LONG PERIODS OF TIME |
| <input type="checkbox"/> I HAVE VISION ISSUES                  | <input type="checkbox"/> I AM SENSITIVE TO SOUND                             |
| <input type="checkbox"/> I BECOME ANXIOUS OR FEARFUL IN CROWDS | <input type="checkbox"/> I AM SENSITIVE TO LIGHT                             |
| <input type="checkbox"/> I NEED EXTRA TIME TO MAKE MY DECISION | <input type="checkbox"/> I AM SENSITIVE TO SMELL                             |
| <input type="checkbox"/> I HAVE LIMITED MOBILITY               | <input type="checkbox"/> OTHER (PLEASE SPECIFY):                             |
- 

## OTHER ACCOMMODATIONS

These statements describe the other accommodations I may need in order to exercise my right to vote:

I HAVE A SERVICE ANIMAL AND I AM IN CONTROL OF IT AT ALL TIMES:

- YES  
 NO

I HAVE A CAREGIVER OR OTHER PERSON WITH ME TO SUPPORT ME TO VOTE:

- YES  
 NO

I MADE ARRANGEMENTS TO HAVE A LANGUAGE INTERPRETER HELP ME VOTE:

- YES  
 NO

I WISH TO VOTE AT AN ADVANCE POLLING STATION:

- YES  
 NO

I NEED ASSISTIVE DEVICES OR TECHNOLOGY TO HELP ME VOTE:

- YES  
 NO

IF YES, PLEASE SPECIFY WHICH DEVICES:

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