

Statement of Interpreter, Incapacitated Elector,
Friend of Incapacitated Elector

Local Authorities Election Act
(Sections 72, 78)

Local Jurisdiction: _____, Province of Alberta

Election Date: _____

Voting Subdivision or Ward (if applicable): _____ Voting Station: _____

Statement of Interpreter

I, _____ of _____ in the
(Name of Interpreter) (Address)

Province of Alberta, will faithfully read or translate such statements, questions and answers that the deputy returning officer may require to be read or translated at this election and I will keep secret all information which may come to me by virtue of being the interpreter for _____.
(Name of Elector)

(Signature of Interpreter)

Deputy's
Initials

Statement of Incapacitated Elector

Verbal Statement

Are you _____ of _____
(Name of Incapacitated Elector) (Address)

in the Province of Alberta, unable to mark your ballot in the usual manner and you require assistance because of blindness, or you require assistance because of a physical condition?

(Instruction to Deputy: Initial if the elector answers affirmatively to this question.)

Deputy's
Initials

Statement of Friend of Incapacitated Elector

I, _____ of _____
(Name of Friend or Relative of Incapacitated Elector) (Address)

in the Province of Alberta, am the friend or relative of _____,
(Name of Incapacitated Elector)

an incapacitated elector. I will read the ballot to my friend or relative, mark the ballot in accordance with the elector's instructions, and keep secret all information which may come to me by virtue of assisting the elector.

(Signature of Friend or Relative of Incapacitated Elector)

Deputy's
Initials

It Is An Offence To Make Or Sign A False Statement

Note: The personal information that is being collected under the authority of the *Local Authorities Election Act* will be used for the purposes under that Act. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection, contact: _____
(Title and Business Phone Number of the Responsible Official)