

This is meant to inform the Returning Officer of Eastern Townships School Board that I choose:

- To exercise my right to vote;
- To revoke my choice to vote.

IDENTIFICATION OF THE ELECTOR					
					<input type="checkbox"/> F <input type="checkbox"/> M
Surname at birth		First name		Sex	
No	Street	Apartment	yyyy	mm	dd
			Date of birth		
Municipality				Postal Code	

I confirm that I do not have a child enrolled in an institution of any of the school boards that have jurisdiction on the territory where I am domiciled.

Signature of the person who gives notice

Date

**PLEASE RETURN BY MAIL, FAX OR E-MAIL TO:**

ÉRIC CAMPBELL, RETURNING OFFICER  
340 SAINT-JEAN-BOSCO  
MAGOG QC J1X 1K9  
FAX: 819 868-2286  
desmaraism@etsb.qc.ca