Application for recognition of a ticket

School service centre		Polling date Year Month Day
SECTION 1 APPLICATION FOR RECOGNITION OF A TICKET		
I hereby request		, returning officer, to recognize ertain members of the boards of directors
2 mailing address for all correspondance for the	ticket:	
name, address and telephone number of the leader of the ticket:		
First name	Last name	
Address Addresses and signatures of at least 10 e	lectors of the school service centre wh	Telephone number
# First and last name 1	Address	Signature
9 10		
	ANTED BY THE RETURNING OFFICE	ER

Returning officer