



# T'it'q'et Administration

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Lillooet, B.C. VoKlVo

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## NOTICE OF PROXY

### T'it'q'et Election Code: Section 16.5

- 16.5 Voters may authorize, by written proxy, another eligible voter to vote on their behalf.
- a) A fax or digitally transmitted copy of the original signed proxy is acceptable.
  - b) The written proxy must identify the eligible voter authorized to exercise it.
  - c) The written proxy must be verified by the Membership Clerk or delegate by 4:00 PM of the last business day prior to the election.
  - d) The Electoral Officer will be made aware of all eligible proxy votes.
  - e) An eligible voter may carry only one proxy vote.

Definition: "By-election" means an election that is not a General Election and is held between General Elections to fill a vacant elected position

Proxy or notice of proxies held must be file with T'it'q'et Administration no later than 4:00 p.m. local time Friday March 23, 2018 to which the proxy is to apply. Proxy can be faxed to (250) 256 - 4544 or emailed to [reception@titqet.org](mailto:reception@titqet.org)

## PROXY

I, \_\_\_\_\_, a voting member in good standing of T'it'q'et Administration, hereby give my proxy to: \_\_\_\_\_, a voting member in good standing of T'it'q'et Administration; as my proxy to attend, act, and vote on my behalf on the General Election at the community meeting to be held on Sunday March 25, 2018 from 9:00 a.m. to 4:00 p.m. (local time) at the New Community Hall/Health Facility 59 Rancheree Drive T'it'q'et IR1.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

It is the responsibility of the member to determine whether the person to whom they assign the proxy is able and agrees to act in the manner described above.

<b>For Office Use Only: Membership Clerk/Delegate Verification</b>	
I, _____ hereby verify that this proxy is;	Proxy Received
<input type="checkbox"/> Valid <input type="checkbox"/> Invalid Must state reason(s) why the proxy is invalid and immediate notification to the issuing member _____ _____	
Signature: _____	
Name: _____	Date: _____