

APPLICATION FORM FOR PARTICIPATION IN A REFERENDUM

DRAFT BY-LAW 596-18 AMENDING BY-LAW 596 - ZONING

I declare that I am an Interested Person entitled to make an application to participate in a referendum. **I request that a referendum vote be held on Draft by-law 596-18 amending by-law 596 - Zoning**

Identify the specific section(s) you wish to subject to approval by referendum:

First and last name (block letters)

Address giving the right to apply to take part in a referendum (block letters)

This address is in the following zone:

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> UC-1-M2 | <input type="checkbox"/> UREC-4-N1 | <input type="checkbox"/> URA-8-L12 |
| <input type="checkbox"/> UC-3-C15 | <input type="checkbox"/> URA-2-M1 | <input type="checkbox"/> UC-4-L13 |
| <input type="checkbox"/> UC-4-L13 | <input type="checkbox"/> URA-6-L13 | <input type="checkbox"/> AFB-4-D15 |
| <input type="checkbox"/> UC-5-L14 | <input type="checkbox"/> UI-2-L13 | <input type="checkbox"/> AFB-3-B15 |
| <input type="checkbox"/> AF-3-K3 | <input type="checkbox"/> UC-5-L14 | <input type="checkbox"/> AFB-2-B16 |
| <input type="checkbox"/> AFI-2-M2 | <input type="checkbox"/> URA-8-L12 | <input type="checkbox"/> URB-1-C16 |
| <input type="checkbox"/> URA-1-M3 | <input type="checkbox"/> UI-2-L13 | <input type="checkbox"/> URM-2-D16 |
| <input type="checkbox"/> URM-1-M3 | <input type="checkbox"/> URC-1-L13 | <input type="checkbox"/> RBE-1-E1 |
| <input type="checkbox"/> ID-14-N3 | <input type="checkbox"/> URB-2-L14 | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> UC-2-N3 | <input type="checkbox"/> URC-3-L14 | |
| <input type="checkbox"/> AF-4-O2 | <input type="checkbox"/> RFB-2-M13 | |

Quality of the interested person:

- Domiciled (address declared to the Government of Quebec as the principal place of residence)

OR

- Owner of an immovable (secondary residence/primary residence in another municipality)
- Co-owner of an immovable (secondary residence/principal residence in another municipality)

OR

- Occupant of a business establishment
- Co-occupant of a business establishment

SIGNATURE:

CONTACT INFORMATION (optional)¹

Telephone number: _____

E-mail: _____

¹ These details will only be used to contact you if further information is required to process your request.

(Complete the following section only if required)

Declaration of person giving assistance to an Interested Person who is incapable of signing the Application for the Holding of a Referendum for himself

I declare that I gave assistance to the Interested Person whose name is indicated at the beginning of this Application. I am:

- the person's spouse or parent
- a person who is not a spouse or parent of the Applicant

First and Last name (block letters):

Signature
