

## **Guide for completing the application for authorization of a private intervenor Group**

*Une version française de ce guide est disponible sur demande*

A private intervenor - group that applies for authorization must, in particular, provide the returning officer of his school board with the information stipulated in section 209.11.

### **A: OBLIGATORY INFORMATION**

**1: Group**

Enter the name of the group, the date it was created, the address and telephone number.

**2: Main leaders of the group**

Enter the surname and given name of the main leaders of the group, their domiciliary address as well as their telephone number. If you have more than 5 leaders, please append a schedule providing the same information.

**3: Members of the group**

Please indicate the actual or approximate number of members of the group.

**4: Representative of the group (elector)**

Enter your surname and given name, your date of birth, your domiciliary address as well as your telephone number.

**5: Purpose of the application (specify the matter of public interest, where applicable)**

Indicate the purpose of the application for authorization either by marking the box "Advocate abstention or the spoiling of ballots" or by marking the box "Make known one's views on a matter of public interest", in this case, you must specify the matter.

### **B: SWORN DECLARATION OF THE REPRESENTATIVE OF THE GROUP**

This section specifies the requirements of the Act, the oath and the commitment on the part of the elector.

This section must be signed by the representative of the group and countersigned by a person who is authorized to administer oaths, for example a lawyer, a notary, a judge, a mayor or a commissioner of oaths.

### **C: ATTESTATION OF THE APPLICATION FOR AUTHORIZATION**

Leave this section blank. It is reserved for the returning officer of your school board. Make careful note of the authorization number that will be assigned to you (SCHOOL-00) as this number must appear on all your publicity.



## Application for authorization of a private intervenor Group

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### A. Obligatory information

I hereby request the authorization required pursuant to section 209.11 of division VIII of chapter XI of the Act respecting school elections and, for this purpose, I am providing the information required:

1. Group:

	Year	Month	Day
_____			
Name of the group	Date of its formation		
_____	_____		
Address	Area code Telephone number		

2. Main leaders of the group

Surname and given name	Address of domicile	Telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Actual or approximate number of members in the group:

\_\_\_\_\_

4. Representative of the group (elector)

	Year	Month	Day
_____			
Given name and surname of the representative of the group in capital letters	Date of birth		
_____	_____		
Address of domicile	Area code Telephone number		

5. Purpose of the application:

1°  Advocate abstention or the spoiling of ballots **OR**

2°  Publicize or obtain support on a matter of public interest

\_\_\_\_\_

(Specify the matter of public interest)

## B. Sworn declaration of the representative of the group

1. For the election of \_\_\_\_\_  
Date of the election

I declare that:

- I represent \_\_\_\_\_;  
Name of the group

- I am a qualified elector and most of the members of the group are electors in the school board of \_\_\_\_\_;  
Name of the school board

- I do not intend to directly promote or oppose a candidate;

- I am not acting directly or indirectly on behalf of a candidate;

- to the best of my knowledge, no member of the group has obtained an authorization as a private intervenor for a similar purpose or has made an application for authorization that is still pending.

2. I agree to comply with the applicable provisions of the Act, in particular, to not exceed the amount of \$300.00 in publicity expenses (s. 206.36 (8)).

\_\_\_\_\_  
Signature of the representative of the group

Sworn before me at

\_\_\_\_\_, this \_\_\_\_\_  
Name of the municipality Date

\_\_\_\_\_  
Person authorized to administer oaths

## C. Attestation of this application for authorization

I accept this application for authorization for the period that will end on \_\_\_\_\_ .  
Date of the election

For this purpose I am assigning the following authorization number:

SCHOOL-

Year Month Day

\_\_\_\_\_  
Signature of the returning officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the school board