

**Voluntary Authorization to Release Information to
Update the Provincial and Federal Voters Lists - P.6-A**

I authorize, by my signature below, that the Returning Officer of the municipality of _____ may forward the information to Elections Newfoundland and Labrador for the sole purpose of updating the Voters Lists for provincial and federal elections.

Print Full Name:	Date of Birth:
Previous Name (If Applicable):	

Current Civic Address (Street No. & Name):	Apt No:	
City/Town:	Postal Code	
Current Mailing Address (Street No. & Name or P.O. Box):		
City/Town:	Postal Code:	Telephone:

Previous Civic Address (Street No. & Name):	Apt No:	
City/Town:	Postal Code:	
Previous Mailing Address (Street No. & Name or P.O. Box):		
City/Town:	Postal Code:	Telephone:

Date

Signature of Voter

Please return this authorization to:

Elections Newfoundland and Labrador
Suite 100, 24 Stavanger Drive
St. John's, NL, A1A 5E8
Questions? Call Toll Free 1-877-729-7987