NTI ELECTIONS
AUTHORIZATON AND CONSENT FORM
CANDIDATE'S REPRESENTATIVES

Date d/m/y	**Candidate (print name)**	**Representative (print name)**

Fill out this form and sign it. You agree to represent your candidate and to follow the rules for candidates and their representatives at the poll.

Each candidate can have two persons at a time at a poll. The persons can be the candidate or a representative.
You must give this signed authorization form to the Deputy Returning Officer as soon as you get to the poll.
You must take an oath/affirmation as soon as you get to the poll.

Candidates or their representatives CAN:

- Watch the Deputy Returning Officer fold and initial ballots;
- Look at election documents;
- Watch people vote;
- Take information from the polling record or register and voters' list;
- Watch the Deputy Returning Officer sort or count ballots after the poll closes;
- Complain if you think the election officers did something wrong.

Candidates or their representatives CANNOT:

- Have more than two persons in the polling station at a time;
- Turn on or use a cell phone, camera, recorder, or any other electronic equipment in the polling station;
- Bother the voters or get in their way;
- Campaign or greet the voters;
- Bother the Deputy Returning Officer or the Poll Clerk, or get in their way;
- Have buttons or other campaign materials at the polling station;
- Mark anyone's ballot in any way.

Candidate authorizes representative

I, _____ authorize _____
(Print name of candidate) (Print name of representative)

to be my representative at the poll for the election to be held on _____.
(Date of election)

_____ _____
(Signature of candidate) (Date: d/m/y)

Representative consents and swears/affirms

I, _____ consent to be the representative of _____
(Print name of representative) (Print name of candidate)

for the election noted above, and agree to abide by the rules and swear/affirm that I will maintain the secrecy of the vote.

_____ _____
(Signature of representative) (Date: d/m/y)

Deputy Returning Officer witnesses oath/affirmation: Sworn/affirmed before me at _____,
this ___ day of _____20____

_____
(Signature of Deputy Returning Officer)