



**Corporation of the Municipality of Calvin  
Municipal Council Meeting  
PROXY VOTE FORM**

**1. Councillor Information**

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Proxy's Information**

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. Voting Instructions**

(If applicable, specify any instructions for how the proxy should vote. If no instructions are given, the proxy will vote according to their discretion.)

**4. Authorization**

I, the undersigned, hereby appoint the person named above as my proxy to vote on my behalf at the municipal council meeting to be held on \_\_\_\_\_

I, the undersigned have read and understand the terms and conditions associated with proxy voting as outlined in By-law 2024-48.

Signature of Councillor appointing a proxy: \_\_\_\_\_  
Date: \_\_\_\_\_

**5. Received by the CAO-Clerk or Deputy Clerk**

Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**6. Delivered to Proxy Holder:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Method of Delivery: \_\_\_\_\_

**Important Note:**

**Respecting all named in this request, unless in an emergency situation and only if all receiving Parties are able to receive this form prior to the meeting, this form must be received by all Parties no later than 2.5 hours prior to the meeting.**