



**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 2026-14.

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.