



APPLICATION FOR MOBILE VOTING

Section 63, 79 - Electoral Act 2016
Electoral (Mobile Polling Station) Regulations 2016

Last Name	
First Names	
Phone Number	
Any name used previously	
Date of Birth	/ /

On polling day I will be:-

- A resident of Nauru Correctional Centre
OR
 A patient in RON Hospital
OR
 In my home and I have attached a Doctor's Certificate to support my application.

Home Address _____

..... Dated...../...../2016
Signature of Voter

Office Use only

Date received in office/...../ 2016

Voter on Roll ? Registered District.....

Added to mobile polling register list?

Voter not on roll Sent Rejection letter

Processing Officer Date / /2016