



ELECTIONS CANADA

TOWN HALL EVENT AUTHORIZATION FORM

Form Reference: EC-TH-2025-001

Date Prepared: _____

Event ID: _____

EVENT INFORMATION

Event Title: _____

Event Type: ☐ Town Hall Meeting ☐ Public Information Session ☐ Candidate Forum ☐ Other:

Proposed Date: _____ **Time:** _____ **Duration:** _____

Venue Name: _____

Venue Address:

Street: _____

City: _____ Province: _____ Postal Code: _____

Expected Attendance: _____ **Maximum Capacity:** _____

EVENT ORGANIZER INFORMATION

Organization/Agency Name: _____

Primary Contact Person: _____

Title/Position: _____

Phone: _____ **Email:** _____

Mailing Address:

Street: _____

City: _____ Province: _____ Postal Code: _____

EVENT DETAILS

Purpose and Objectives:

Topics to be Covered:

- ☐ Voting Procedures ☐ Voter Registration ☐ Candidate Information
☐ Electoral Boundaries ☐ Accessibility Services ☐ Other: _____

Special Requirements:

- ☐ Accessibility Accommodations ☐ Translation Services ☐ Audio/Visual Equipment
☐ Security Measures ☐ Media Coverage ☐ Live Streaming

Languages Required: ☐ English ☐ French ☐ Other: _____

AUTHORIZATION AND APPROVALS

SECTION A - EVENT COORDINATOR CERTIFICATION

I certify that the information provided above is accurate and complete. I understand that this event must comply with all Elections Canada guidelines and policies.

Event Coordinator Name: _____

Signature: _____ **Date:** _____

SECTION B - REGIONAL SUPERVISOR APPROVAL

I have reviewed this application and authorize the conduct of this town hall event in accordance with Elections Canada policies and procedures.

Regional Supervisor Name: _____

Region: _____

Signature: _____ **Date:** _____

SECTION C - COMMUNICATIONS APPROVAL

I confirm that all communications materials and messaging for this event have been reviewed and approved.

Communications Officer Name: _____

Signature: _____ **Date:** _____

SECTION D - FINAL AUTHORIZATION

This town hall event is hereby authorized to proceed as outlined in this application.

Returning Officer Name: _____

Electoral District: _____

Signature: _____ **Date:** _____

Official Seal: [ELECTIONS CANADA OFFICIAL SEAL]

CONDITIONS AND REQUIREMENTS

By signing this form, all parties agree to the following:

1. **Compliance:** The event must comply with all applicable Elections Canada policies and federal election laws.
2. **Neutrality:** The event must maintain political neutrality and provide equal opportunities for all registered candidates.
3. **Accessibility:** The venue and event must be accessible to persons with disabilities.
4. **Safety:** All safety and security protocols must be followed.
5. **Reporting:** A post-event report must be submitted within 5 business days of the event.
6. **Cancellation:** Elections Canada reserves the right to cancel this authorization if circumstances change.

Form Prepared By: _____

Date: _____

Reference Number: EC-TH-2025-_____

This form is valid for the specific event detailed above. Any changes to the event details require a new authorization form.

Elections Canada | Élections Canada

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For Official Use Only:

Received: _____ **Processed:** _____ **Filed:** _____