



[barcode]
ID: [elector ID]

[elector name] [elector address]

Dear [elector salutation] [elector surname]

Apparent failure to vote — [election year] ACT Legislative Assembly election — Second notice

I wrote to you on [date of initial notice] to advise that, according to my records, it appears that you did not vote at the ACT Legislative Assembly election held between [election voting period]. To date I have not received a reply from you.

It is an offence under the *Electoral Act 1992* to fail to vote at an ACT election without a valid and sufficient reason.

Please follow the instructions on the back of this notice to resolve this matter, if you:

- **DID VOTE**; or
- **DID NOT VOTE**, but believe you have a valid and sufficient reason for not voting; or
- **DID NOT VOTE**, and wish to pay the \$20 penalty to finalise the matter.

The penalty for failing to vote is \$20 if paid to the ACT Electoral Commission, or a maximum fine of \$80 (plus any court costs) if the matter is dealt with by the Court.

If you do not respond to this notice by [reply date], I may be obliged to have the matter dealt with by the Court.

If the elector to whom this notice is addressed is absent or incapacitated, another person may respond on his or her behalf.

Please note that giving false or misleading information in replying to this notice is a serious offence.

Yours sincerely

[Electoral Commissioner name] Electoral Commissioner

[mailing date]

			rent failure to vote at the ive Assembly election
Your enrolment as at polling day was:	[elector name] [elector enrolled addres	Elector ID:	
Your daytime contact phone:		Your email address:	
Provide a reaseCompletingCompleting form to ele	ing the \$20 penalty, use or on for not voting, or if you the form at www.electio and returning this form in ctionsFTV@act.gov.au	did vote, tell ns.act.gov.a the reply-paid	
vote over the p	hone.	ormation a	bout where you voted or why you did not
Write the name of the polling place and the date and time where you voted for the [election year] ACT Legislative Assembly election:		Delling place	
		Polling place Date and tim	
2. IF YOU DID N	OT VOTE and believe yo	ou have a va	lid and sufficient reason for not voting
Please state your r	eason below. You will be a	advised if you	r reason is not acceptable.
I did not vote at th	e [election year] ACT Legis	slative Assem	bly election because
	OT VOTE and wish to participate the participate of	_	h the postal service.
Please use one of t	the payment methods below	w:	
•	by credit or debit card (Ma		isa only) over the internet at

You will need to enter the "Elector ID" printed below. (Do not return this form.)

Phone

Pay by credit or debit card (Mastercard or Visa only) over the phone, by contacting the Access Canberra Contact Centre on 13 22 81 during the following times:

- Monday to Friday 7:00 am to 8:00 pm
- Saturday 8:00 am to 5:00 pm
- Sunday 9:00 am to 5:00 pm.

You will need to provide the "Elector ID" printed below. (Do not return this form.) Your payment details will be processed via the internet.

Elections ACT Office Address: Level 6, 221 London Circuit, Canberra City.

Pay by cash or cheque/money order (made out to the "ACT Electoral Commission") or credit or debit card (Mastercard or Visa only), at the office of Elections ACT, Monday to Friday – 9:00 am to 5:00 pm. **Bring** this form with you.

Elector ID: [elector ID]

Your payment details will be processed via the internet if paying by credit or debit card.

Note: Payment of the \$20 penalty fully discharges any liability in relation to your apparent failure to vote. No further proceedings can be taken against you and you will not be regarded as having been convicted of an offence. However, if for any reason your cheque is not honoured by your bank, or the credit or debit card details provided are rejected, it will be deemed that payment of the penalty has not been made.