After the expiration of the said time no complaint will be received.

Given in the said municipality of this day of , 185

, (or City or Town of,)

A. B.,
Clerk of the Municipality, (or of
the City or Town of)

## FORM REFERRED TO IN SECTION ——.

Form of Notice to be given by the Clerk of the Revision of the Electoral List.

County of
Municipality of
or City of

I the undersigned, Clerk of this Municipality (or as the case may be, of this City or Town of ) do hereby give notice that the assessors charged with the revision of the electoral list for this municipality (city or town) according to law, propose to add to the said list as electors duly qualified the following persons, to wit, (here give the names, callings and residences of the said persons) and to strike out of the said list the names of the electors following, to wit, (give the names, &c.) for the reasons stated in the revision list now filed of record in my office.

Therefore, &c., (the rest as in form No. 2.)

## PORM REFERRED TO IN SECTION -

Form of Return by Deputy Returning Officer.

Electoral College of Municipality of City or Town of

The undersigned, Deputy Returning Officer, appointed according to law to preside at the voting in the Municipality of (or ward in the city or town of ) in the Electoral College of did, during the said election, proceed on the day fixed for the voting, to the building or house set apart by the Returning Officer for receiving the votes of the electors of the said Municipality or ward of the said City or Town, and then and there not having received from the Clerk of the said municipality (or of the said City or Town) the electoral list for the said municipality (or ward of the said City or Town), as prescribed by section of the Vict. chap., in conformity with section of the said Act, I did not open the poli or receive the votes of the electors of the said municipality (or ward of the said City or Town.)

In testimony whereof, I have signed these presents, this day of 135

A. B., Deputy Returning Officer.