

Nomination Paper and Candidate's Acceptance

Local Authorities Election Act
(Sections 12, 21, 22, 23, 27, 28, 47,
68.1, 151, Part 5.1)
Education Act

Note:

Title of the Responsible Official Business Phone Number

LOCAL JURISDICTION: _____, PROVINCE OF ALBERTA

We, the undersigned electors of _____,
Name of Local Jurisdiction and Ward (if applicable)

Candidate Surname Given Names of

_____ as a candidate at the election
Complete Address and postal code

about to be _____
Office Nominated for

of _____
Name of Local Jurisdiction

Signatures of at least in this election in accordance with sections 27 and 47 of the and sections 4(4) and 74 of the (if applicable). If a city or a board of trustees under the passes a bylaw under section 27(2) of the, then the signatures of up to 100 electors eligible to vote may be required.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

Candidate's Acceptance

I, the above named candidate, solemnly swear (affirm)

- THAT I am eligible under sections 21 and 47 (and section 12, in the case of summer villages) of the and sections 4(4) and 74 of the (if applicable) to be elected to the office;
- THAT I am not otherwise disqualified under section 22 or 23 of the;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the and sections 4(4) and 74 of the (if applicable) and understand their contents;
- THAT I am appointing

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent ()

as my official agent.

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with theand theand resident in the local jurisdiction on the date of signing the nomination.

Print name as it should appear on the ballot

Candidate's Surname

Given Names (may include nicknames, but not titles, i.e., Mr., Ms., Dr.)

SWORN (AFFIRMED) before me

at the _____ of _____ ,

in the Province of Alberta,

this _____ day of _____ , 20_____ .

Candidate's Signature

Signature of Returning Officer or Commissioner for Oaths
or Notary Public in and for Alberta
(Also include printed or stamped name and expiry date)

Commissioner for Oaths Stamp

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

**IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT
CONTAINS A FALSE STATEMENT**