Nomination Paper and Candidate's Acceptance



Local Authorities Election Act (Sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, 158.3, Part 5.1) Education Act (Sections 4(4), 74)

Business Title/Organization			
Address:Unit/PO Box	# Street	Municipal	ity Postal Code
Local Jurisdiction:			_ , Province of Alberta
We, the undersigned electors of: _			
	Name	e of Local Jurisdiction and V	Vard (if applicable)
nominate:		name and Given Names	
	Calididates Sui	Hame and diven Names	
of:	Complete Address	and Postal Code	
	·		
as a candidate at the election abou	ıt to be held for the office	of:	Office Nominated for
of:			
	Name of Local	Jurisdiction	
The candidate's political party or s	late is:		(if applicable
	and sections 4(4) and 74 of basses a bylaw under secti	the Education Act (ons 27(2) of the Loc	lance with sections 27 and 47 of (if applicable). If a city or a board ol al Authorities Election Act, then th
Printed Name of Elector	Complete Address a of the Ele	I	Signature of Elector

This personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the Freedom of Information Protection Privacy Act. If you have any questions about the collection of this information, please contact us.

Wabasca Main Office

2077 Mistassiniy Road North Box 60 Wabasca, AB TOG 2K0 1-888-891-3778 | mdopportunity.ab.ca





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 Local Authorities Election Act and sections 4(4) and 74 of the Education Act (if applicable) to be elected to the office,

I am not otherwise disqualified under section 22, 23 or 23.1 of the Local Authorities Election Act,

I will accept the office if elected

I have read sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1 and 151 and Part 5.1 of the Local Authorities Election Act
and sections 4(4) and 74 of the Education Act (if applicable) and understand their contents,

I am appointing	
. с эррэшинд	Name, Contact Information or Complete Address and Postal Code, and Telephone Number of Official Agent
as my official agent (if	applicable)

I have provided a criminal record check with my nomination package (if applicable),

I will read and abide by the municipality's code of conduct if elected (if applicable), and

The electors who have signed this nomination paper are eligible to vote in accordance with the Local Authorities Election Act and the Education Act and resident in the local jurisdiction on the date of signing the nomination.

(Print name as it should appear on the ballot.)

Candidate's Surname	Candidate's Given Names (may include nicknames but not titles eg. Mr. Ms. Dr.)	
SWORN (AFFIRMED) before me)	
at the of in the Province Alberta,	Signature of Candidate	
this day of ,20	Commissioner of Oaths Stamp	
IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT.		

Returning Officer's Acceptance

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

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