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)

The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact

		_	
Business Title/Organization		Business Phone Number	
Address	City or Town	Province	Postal Code
LOCAL JURISDICTION:		, PROVINCE	OF ALBERTA
We, the undersigned electors of			,
	Name of Local Jurisdiction and Ward (if applica	ble)	
nominate			of
	Candidate's Surname and Given Names		
	Complete Address and Postal Code		
as a candidate at the election about to be held			
as a candidate at the election about to be neigh	Office Nomina	ted for	
of	Cinde Normina	101	
	Name of Local Jurisdiction		
The candidate's local political party or slate is			_ (if applicable)
Authorities Election Act and sections 4(4) and 7	LIGIBLE TO VOTE in this election in accordance with set 74 of the <i>Education Act</i> (if applicable). If a city or a board 7(2) of the <i>Local Authorities Election Act</i> , then the signat	d of trustees und	er the
Printed Name of Elector	Complete Address and Postal Code of Elector	Signature	of Elector

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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	
Name, Contact Information or Complete A	ddress 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 pa	ckage (if applicable),
I will read and abide by the municipality's code of conduct if ele	ected (if applicable), and
The electors who have signed this nomination paper are eligible the <i>Education Act</i> and resident in the local jurisdiction on the d	le to vote in accordance with the <i>Local Authorities Election Act</i> and ate 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, i.e. Mr., Ms, Dr.)
SWORN (AFFIRMED) before me	
this day of , 20	Signature of Candidate
Signature of Returning Officer or Commissioner for Oaths	Commissioner for 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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