

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

MOUNTAIN VIEW COUNTY		403-335-3311	
Business Title/Organization		Business Phone Number	
10-1408 TWP RD 320, P.O. BAG 100	DIDSBURY	AB	TOM OWO
Address	City or Town	Province	Postal Code

LOCAL JURISDICTION: MOUNTAIN VIEW COUNTY, PROVINCE OF ALBERTA

We, the undersigned electors of MOUNTAIN VIEW COUNTY DIVISION _____,
Name of Local Jurisdiction and Ward (if applicable)
 nominate _____ of
Candidate's Surname and Given Names

_____ of _____
Complete Address and Postal Code
 as a candidate at the election about to be held for the office of COUNCILLOR
Office Nominated for
 of MOUNTAIN VIEW COUNTY.
Name of Local Jurisdiction

The candidate's local political party or slate is _____ (if applicable).

Provide signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable). If a city or a board of trustees under the *Education Act* passes a bylaw under section 27(2) of the *Local Authorities Election Act*, 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 *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 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, i.e. Mr., Ms, Dr.)

SWORN (AFFIRMED) before me

at the _____ of _____ ,
in the Province of Alberta,
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