

Nomination Paper and Candidate's Acceptance

Local Authorities Election Act

(Sections 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)

Nomination Paper

NOTE: The personal information on this form is being collected to support the administrative requirements of the local authorities' election process and is authorized under sections 21 and 27 of the Local Authorities Election Act and section 33c of the Freedom of Information and Protection of Privacy Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any question about the collection, contact the FOIP Coordinator, Yellowhead County, (780) 723-4800.

, the un	idersigned elec	ctors of Yellowhea	ad Coun	ty, Division	(if applicable), nominate				
				of		dress and Postal Code			
Candidate Surname Given Names			Complete Address and Postal Code						
			. () Phone Number		Email Address			
a candi	date at the elec	ction about to be	held for	the office of	fice Nomi	of Yellowhead Cour			
	the <i>Education Act</i> pass					the <i>Local Authorities Election</i> . If a city or a boa e signatures of up to 100 electors eligible to v			
	Printed Na	ame of Elector		nplete Address ar		Signature of Elector			
1.									
2.									
3.									
4.									
5.									

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(Sections 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)

Candidate's Acceptance

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

- THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* to be elected to the office;
- THAT I am not otherwise disqualified under section 22 or 23 of the *Local Authorities Election Act*;
- THAT I will accept the office if elected;
- THAT I have read sections 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;
- THAT I am appointing ______ as my official agent.

 (Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)
- That I will read and abide by the municipality's code of conduct if elected; and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and resident in the local jurisdiction on the date of signing the nomination.

Print name as it s	hould appear o	f the ballot:		
		(Candidat	te'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	, 2021.)	
)	(Candidate's Signature)
Signature of Returning Or and for Alberta (Also include printed or st		for Oaths or Notary Public in) (
RETURNING OFFIC Returning Officer s		ICE e by signing this form:	·	Commissioner of Oath Stamp
Sigr	 nature of Returning C	Officer		

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

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