



# NOTICE OF INTENT TO RUN

Local Authorities Election Act

[Section 147.22]

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## CANDIDATE DECLARATION

I, \_\_\_\_\_ of  
*Candidate Surname* *Given Names*

\_\_\_\_\_  
*Complete Physical Address*

\_\_\_\_\_  
*Complete Mailing Address incl. Postal Code*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

**hereby declare my intention to run in the 2025 Municipal Election as a Candidate for office in Yellowhead County**

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## CANDIDATE CONTRIBUTIONS INFORMATION

### Location(s) of Records Management

<i>Physical Address</i>	<i>Town, Province</i>	<i>Mailing Address incl. Postal Code</i>	<i>Contact Name and Phone</i>

*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, please contact our FOIP Coordinator at Yellowhead County, 2716-1 Avenue, Edson, AB T7E 1N9 Ph: 780 723 4800*

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**Financial Institution(s) of Campaign Funding Management**

<i>Institution</i>	<i>Physical Address, Town, Province, Postal Code</i>	<i>Signing Authority(s) for each depository</i>

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**CANDIDATE CONTACT INFORMATION**

**Name and Contact Information for Communications** *(if different than indicated above)*

\_\_\_\_\_

*Contact Name*

\_\_\_\_\_

*Complete Mailing Address incl. Postal Code*

\_\_\_\_\_

**Candidate's Signature**

\_\_\_\_\_

**Date**

<b>Office Use Only</b>	
<i>Date Received</i>	<i>Received By</i>
	Name: _____
	Signature: _____
	Time: _____ a.m. / p.m.

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