



NOTICE OF INTENT TO RUN

Local Authorities Election Act

[Section 147.22]

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 in ward _____

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 4(c) of the Protection of Privacy Act. For questions about the collection or use of this information, contact the Legislative Service Supervisor 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>

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

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

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