



Candidate/Official Agent Consent

Local Jurisdiction: **Yellowhead County**, Province of Alberta

I, _____, hereby grant consent to Yellowhead County to release the following personal information about me to the Province of Alberta, any interested person, organization, or media source from the date this Release is signed until the completion of the 2025 municipal election.

Name: _____

Mailing Address: _____

Phone Numbers: _____
Home Cell

E-mail Address: _____

Website/Social Media: _____

COMMUNICATIONS CONSENT

- ☐ Yes, I agree to have my name and contact information listed as a candidate on the Yellowhead County website's Election page prior to Nomination Day, September 22, 2025.
- ☐ Yes, I would like to receive candidate information from the Returning Officer.

Signature

Date

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