



Form 4
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)

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.

LOCAL JURISDICTION: YELLOWHEAD COUNTY, PROVINCE OF ALBERTA

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of Yellowhead County - _____ Province of Alberta, **NOMINATE**
(Division)

_____, _____ of
(Candidate's Surname) (Candidate's Given Names)

_____, _____
(Candidate's Residential Address) (Postal Code)

as a candidate at the election about to be held for the office of _____ of Yellowhead County,
Province of Alberta. (Office Nominated for)

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with section 27 and 47 of the *Local Authorities Election Act*.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

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, 23 or 23.1 of the *Local Authorities Election Act*;

THAT I will accept the office if elected;

THAT 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 understand their contents;

THAT I am appointing as my official agent (if applicable):

(Name, email address and/or complete address and postal code and telephone number of official agent)

I have provided a Criminal Record Check with my nomination package.

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 Yellowhead County on the date of signing the nomination.

PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT

(Candidate's Surname)

(Given Names) (may include nicknames, but not titles, i.e. Mrs., Mr., Dr.)

SWORN (AFFIRMED) before me at the _____

of _____, in the Province of

Alberta this _____ day of _____, 2025.

Candidate's Signature

Signature of Returning Officer or Commissioner for Oaths
or Notary Public in and for Alberta
(also include printed or stamped name and expiry date)

Commissioner for Oaths Stamp

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

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