

# Nomination Paper and Candidate's Acceptance

*Local Authorities Election Act*  
 (Sections 12, 21, 22, 23, 27, 28, 47,  
 68.1, 151, Part 5.1)  
*Education Act* (Sections 4(4), 74)

**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 33(c) 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 questions concerning the collection of this personal information, please contact

\_\_\_\_\_  
 Title of the Responsible Official Business Phone Number

LOCAL JURISDICTION: \_\_\_\_\_, PROVINCE OF ALBERTA

We, the undersigned electors of \_\_\_\_\_, nominate  
 Name of Local Jurisdiction and Ward (if applicable)

\_\_\_\_\_  
 Candidate Surname Given Names of  
 \_\_\_\_\_ as a candidate at the election  
 Complete Address and postal code

about to be held for the office of \_\_\_\_\_  
 Office Nominated for

of \_\_\_\_\_  
 Name of Local Jurisdiction

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable). If a city or a board of trustees under the *Education Act* passes a bylaw under section 27(2) of the *Local Authorities Election Act*, then the signatures of up to 100 electors eligible to vote may be required.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

**Candidate's Acceptance**

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

- THAT I am eligible under sections 21 and 47 (and section 12, in the case of summer villages) of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) 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 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents;
- THAT I am appointing

\_\_\_\_\_  
Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)

as my official agent.

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and the *Education Act* and resident in the local jurisdiction 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., Mr., Ms., Dr.)

SWORN (AFFIRMED) before me

at the \_\_\_\_\_ of \_\_\_\_\_,

in the Province of Alberta,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Commissioner for Oaths Stamp

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

**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**

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\_\_\_\_\_  
Title of the Responsible Official      Business Phone Number

Candidate's Full Name \_\_\_\_\_

Candidate's Address and Postal Code \_\_\_\_\_

\_\_\_\_\_  
Address(es) of Place(s) where Candidate Records are Maintained \_\_\_\_\_

\_\_\_\_\_  
Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable)

\_\_\_\_\_  
Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

\_\_\_\_\_  
Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

\_\_\_\_\_  
Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

\_\_\_\_\_  
Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

\_\_\_\_\_  
Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.