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) Education Act (Sections 4(4), 74)

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, contact

Business Title/Organization		Business Phone Number		
Dusiness Title/Organization		Dusiness i none	iess Phone Number	
Address	City or Town	Province	Postal Code	
LOCAL JURISDICTION:		, PROVINCE	OF ALBERTA	
We, the undersigned electors of			,	
nominate	Name of Local Jurisdiction and Ward (if applica	ble)	of	
	Candidate's Surname and Given Names			
	Complete Address and Postal Code			
as a candidate at the election about to be held	for the office of			
	Office Nominated for			
of				
	Name of Local Jurisdiction			
The candidate's local political party or slate is			_ (if applicable)	
Authorities Election Act and sections 4(4) and 7	LIGIBLE TO VOTE in this election in accordance with set 4 of the <i>Education Act</i> (if applicable). If a city or a board (2) of the <i>Local Authorities Election Act</i> , then the signat	d of trustees und	er the	
Printed Name of Elector	Complete Address and Postal Code of Elector	Signature	of Elector	

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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,

I am not otherwise disqualified under section 22, 23 or 23.1 of the Local Authorities Election Act,

I will accept the office if elected,

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 sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents,

I am appointing	
Name, Contact Information or Complete	e Address and Postal Code, and Telephone Number of Official Agent
as my official agent (if applicable),	
I have provided a criminal record check with my nomination	package (if applicable),
I will read and abide by the municipality's code of conduct if	elected (if applicable), and
The electors who have signed this nomination paper are elig the <i>Education Act</i> and resident in the local jurisdiction on the	gible to vote in accordance with the <i>Local Authorities Election Act</i> and e date of signing the nomination.
(Print name as it should appear on the ballot.)	
Candidate's Surname	Candidate's 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,	Signature of Candidate
this day of , 20	<i>)</i>
	Commissioner for Oaths Stamp
Signature of Returning Officer or Commissioner for Oaths	

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

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:	
Signature of Returning Officer	_

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