Nomination Paper and Candidate's Acceptance

Local Authorities Election Act (Sections 12, 21, 22, 23, 27, 47, 68.1, 147.11, 147.2, 147.21, 151) School Act (Section 44(4))

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 section 27 of the Local Authorities Election Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act.

(Title of the Responsible Official)	(Business Phone Number)	
LOCAL JURISDICTION:		, PROVINCE OF ALBERTA
We, the undersigned electors of ${(N_i)}$	ame of local jurisdiction and ward, if applicable)	, nominate
	of	
(Candidate Surname) (Given N	ames)	as a candidate at the election
(Complete Address and postal code)		
about to be held for the office of $\overline{(O)}$	ffice Nominated for)	
of (Name of Local Jurisdiction)	•	
of the Local Authorities Election Act	RS ELIGIBLE TO VOTE in this election in and section 44(4) of the School Act (if applied wounder section 27(2) of the Local Authorities ay be required.	cable). If a city or a board of trustees
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 section 44(4) of the School 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, 47, 68.1, 147.11, 147.2, 147.21 and 151 of the Local
 Authorities Election Act and section 44(4) of the School Act (if applicable) and understand their contents;
 and
- 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.

Print name as it should appear on the ballot

(Candidate's Surname) (Given Names (may include nicknames,	out not titles, i.e., Mr., Mrs., Dr.))
SWORN (AFFIRMED) before me	
at the ,	
in the Province of Alberta,	(Candidate's Signature)
this day of , 20	
,	
(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

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Printed Name of Elector	Street Address or Legal Land Description of Residence of Elector	Signature of Elector
	10-810	AAAAA AAAAA AAAAAA AAAAA AAAAA AAAAA AAAA
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