



# County of Wetaskiwin No. 10 – Municipal Elections (Council)

## NOMINATION PAPER AND CANDIDATE’S ACCEPTANCE (COUNCILLOR)

*Prepared in accordance with Local Authorities Election Act (sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)*

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 Sections 33(a) & 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*. To inquire about the collection, use, and disclosure of personal information, or if you have questions about correcting your personal information, please contact the County FOIP Coordinator: by email [foip@county10.ca](mailto:foip@county10.ca); by phone 780.352.3321 (ext. 2270); or Toll Free at 1.800.661.4125.

**LOCAL JURISDICTION: THE COUNTY OF WETASKIWIN NO. 10, IN THE PROVINCE OF ALBERTA**

**ELECTION DATE: Monday, October 20, 2025**

We, the undersigned electors of Division \_\_\_\_\_ of the County of Wetaskiwin No. 10, in the Province of Alberta, **NOMINATE**

Candidate's Surname	Candidate's Given Name(s)
Candidate's Residential Address (must reside in the County)	Postal Code

as a **Candidate** at the election about to be held for the municipal office for **COUNCILLOR** in Division \_\_\_\_\_, in the County of Wetaskiwin No. 10.

In accordance with Sections 27 and 47 of the *Local Authorities Election Act* signatures of **at least five (5) ELECTORS ELIGIBLE TO VOTE** are required for this nomination.

Printed Name of Elector	Complete Address & Postal Code of Elector	Signature of Elector
1		
2		
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10		



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### CANDIDATE’S ACCEPTANCE

I, the Nominated Candidate named on this form, solemnly swear (affirm)

- THAT the electors who have signed this nomination paper are residents in the County of Wetaskiwin No. 10 on the date of signing the nomination and eligible to vote in accordance with the *Local Authorities Election Act*;
- 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 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 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)

- THAT I will accept the office if elected; and
- THAT, if elected, I will read and abide by the municipality’s code of conduct for elected officials.

PRINTED NAME AS IT SHOULD APPEAR ON THE BALLOT	
(Candidate’s Surname)	(Given Name(s) – May include nicknames, but no titles i.e. Mr., Mrs., Dr.)

SWORN (AFFIRMED) before me at the \_\_\_\_\_  
of \_\_\_\_\_, in the Province of  
Alberta this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**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**