

Email: election@vegreville.com Phone: 780-632-2606

LOCAL JURISDICTION: Town of Vegreville, Province of Alberta

We the undersigned electors of _____, nominate

Name of Local Jurisdiction

of

Candidate Surname

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

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 of 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 may be required.

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 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 21, 22, 23, 23.1, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and the *Education Act* (if applicable) and understand their contents;

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

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

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 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

Signature of Returning Officer or Commissioner for Oaths in and for Alberta

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