

# 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

FOIP Coordinator, Flagstaff County

780-384-4118

Business Title/Organization

Business Phone Number

12435 TWP RD 442

Flagstaff County

AB

TOB 4C0

Address

City or Town

Province

Postal Code

LOCAL JURISDICTION: Flagstaff County, PROVINCE OF ALBERTA

We, the undersigned electors of Flagstaff County, Division # \_\_\_\_\_,  
Name of Local Jurisdiction and Ward (if applicable)

nominate \_\_\_\_\_ 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 Councillor  
Office Nominated for

of Flagstaff County.  
Name of Local Jurisdiction

The candidate's local political party or slate is \_\_\_\_\_ (if applicable).

Provide 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,

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



\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Returning Officer or  
Commissioner for Oaths

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

**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