

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE  
 (COUNCILLOR)**
*Local Authorities Election Act, (Sections 12, 21, 22, 23, 27, 47, 68.1, 147.11, 147.2, 147.21, 151)*
**LOCAL JURISDICTION: THE CITY OF EDMONTON, PROVINCE OF ALBERTA**
**ELECTION DATE: Monday, October 16, 2017**

 We, the undersigned electors of Ward \_\_\_\_ of the City of Edmonton, Province of Alberta, **NOMINATE:**

 \_\_\_\_\_, \_\_\_\_\_ of  
 (Candidate's Surname) (Candidate's Given Names)

 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 (Candidate's Complete Residential Address and Postal Code)

 Edmonton, Province of Alberta, as a candidate at the election about to be held for the office of COUNCILLOR  
 of Ward \_\_\_\_\_, City of Edmonton, Province of Alberta.

 Signatures of **at least 25 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with  
 Sections 27 and 47 of the *Local Authorities Election Act*.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
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**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE  
 (COUNCILLOR)**

 \_\_\_\_\_  
 (Candidate's Surname)

 \_\_\_\_\_  
 (Candidate's Given Names)

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
24.		
25.		
26.		
27.		
28.		
29.		
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35.		

**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 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 understand their contents; and

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

 \_\_\_\_\_  
 Name, Contact Information and Email Address or Complete Address and Postal Code and Telephone Number and Email Address of Official Agent

**PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT:**

 \_\_\_\_\_  
 (Candidate's Surname)

 \_\_\_\_\_  
 (Given Names) (may include nicknames, but not titles, i.e. Mr., Mrs., Dr.)

 SWORN (AFFIRMED) before me at the City of )  
 Edmonton, in the Province of Alberta this \_\_\_\_ )  
 day of \_\_\_\_\_, 2017. )

 \_\_\_\_\_  
 Candidate's Signature

 \_\_\_\_\_  
 Commissioner for Oaths in and for Alberta )

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

 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* and Section 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*. If you have any questions concerning the collection of this personal information, please contact Linda Sahli, City Clerk at 780 442 VOTE (8683).