



Withdrawal of Nomination

Local Authorities Election Act (Section 32)

Election Office

Email info@minburncounty.ab.ca Phone 780-400-3800

Instructions

1. Complete and sign the form below.
2. File the completed form with the Election Office in person or email to info@minburncounty.ab.ca.

I, _____, of
(Candidate's Full Name)

(Complete Address and Postal Code)

are hereby withdrawing my nomination as a candidate for the 2025 general municipal election for the office of

(Office Nominated For)

Candidate's Acknowledgement

I, the above-named candidate, have read the relevant sections of the *Local Authorities Election Act* and acknowledge that:

- the returning officer may not accept this withdrawal if it is submitted within 24 hours after the close of nominations if fewer than the required number of persons for the particular office are nominated, and my name will remain on the ballot; otherwise
- my name will not be included on the ballot;
- I am still required to file a disclosure statement under section 147.4 of the *Local Authorities Election Act*; and
- I am still required to address any surplus or deficit shown on my disclosure statement as required by the *Local Authorities Election Act*.

(Name)

(Signature)

(Date)

By typing your name in the signature block above, this indicates that the information entered into this form is accurate.

Personal information is collected under the authority of s. 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*, and will be used in the management and administration of the local election. This form may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of this information, please contact Corporate Services at 780-632-2082.