



Nomination Paper and Candidate's Acceptance Councillor

Local Authorities Election Act (Sections 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, Part 5.1)

Page 1 of 2

Election Office

Email info@minburncounty.ab.ca Phone 780-632-2082

Local jurisdiction: County of Minburn No. 27, Province of Alberta

We, the undersigned electors of County of Minburn No. 27 Division _____ nominate

_____ of
(Candidate's Surname) (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 _____
County of Minburn No. 27.
(Name of Local Jurisdiction)

Signatures of at least **five (5) 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

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 understand their contents;



Nomination Paper and Candidate's Acceptance

Councillor

Local Authorities Election Act (Sections 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, Part 5.1)

Page 2 of 2

Election Office

Email info@minburncounty.ab.ca Phone 780-632-2082

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

Name: _____	Phone Number: _____
Email Address: _____	
Complete Address and Postal Code: _____	

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

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 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 Corporate Services at (780) 632-2082.