



NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE – MAYOR

LOCAL AUTHORITIES ELECTION ACT (SECTIONS 21, 22, 23, 27, 28, 47, 68.1, 151, PART 5.1)

LOCAL JURISDICTION: **CITY OF ST. ALBERT, PROVINCE OF ALBERTA**

We, the undersigned electors of the **City of St. Albert**, nominate (please print):

(Candidate's Surname) (Given Names)

of _____
(Street Address or Legal Land Description of the Candidate's Residence) (Telephone Number)

as a candidate at the election about to be held for the office of **MAYOR** of the **CITY OF ST. ALBERT**

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election
(Sections 27 & 47, *Local Authorities Election Act*)

Nominators

Printed Name of Elector	Complete Residential Address and Postal Code of Elector	Signature of Elector

Optional Nominators

Printed Name of Elector	Complete Residential Address and Postal Code of Elector	Signature of Elector

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. The personal information will be managed in compliance with privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this personal information, please contact the City's FOIP Coordinator at 780-459-1500.

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 21, 22, 23, 27, 28, 47, 68.1, and 151 of the *Local Authorities Election Act* and understand their contents; and
- THAT I am appointing _____ as my official agent.
(Name, Contact Information or Complete Address, Postal Code and Telephone Number of Official Agent) (if applicable)

Print name as it will 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 _____)
of _____, in the Province of Alberta, this _____)
day of _____, 2021.)

(Candidate's Signature)

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

(Returning Officer or Commissioner for Oaths)

(Signature of Returning Officer)

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*NOMINATION PAPERS WILL BE RECEIVED BY THE RETURNING OFFICER
BETWEEN JANUARY 1, 2021 AND 12:00 NOON ON SEPTEMBER 20, 2021
AT CITY HALL (5 ST. ANNE STREET).*

CANDIDATE INFORMATION

Local Authorities Election Act (Section 27)

Candidate's Full Name: _____

Candidate's Address and Postal Code: _____

Address of place(s) where candidate records are
maintained: _____

Name(s) and address(es) of financial institutions where
campaign contributions will be deposited (if applicable): _____

Name(s) of signing authorities for each depository listed
above (if applicable): _____

Where there is any change in the above-mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.

NOTE: *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 the City's FOIP Coordinator at 780-459-1500.*