

Nomination Paper and Candidate's Acceptance

FORM 3

Local Authorities Election Act
(Sections 12, 21, 22, 27, 47, 151)
School Act (Section 44(4))

Local Jurisdiction: TOWN OF DAYSLAND, Province of Alberta

We, the undersigned electors of _____, nominate
(Name of Local Jurisdiction and Ward, if applicable)

_____ of _____
(Candidate's Surname) (Given Names) (Street Address or Legal Land Description of the Candidate's Residence)

as a candidate at the election about to be held for the office of _____
(Office Nominated For)

of TOWN OF DAYSLAND
(Name of Local Jurisdiction)

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 section 44(4) of the *School Act* (if applicable).

Printed Name of Elector	Street Address or Legal Land Description of Residence 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 section 44(4) of the *School Act* (if applicable) to be elected to the office;
- THAT I am not otherwise disqualified under section 22 of the *Local Authorities Election Act*;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 27, 47, and 151 of the *Local Authorities Election Act* and section 44(4) of the *School Act* (if applicable) and understand their contents; and
- THAT I am appointing _____ as my official agent. (Name, Contact Information or Address and Telephone Number of Official Agent) (if applicable)

Print name as it should appear on the ballot

(Candidate's Surname) (Given Names (may include nicknames, but not titles, ie., Mr., Mrs., 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)

It is an Offence to Sign a False Affidavit or a Form That Contains a False Statement

Note: The personal information that is being collected under the authority of the *Local Authorities Election Act* will be used for the purposes under that Act. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection, contact: Town of Daysland CAO, 780-374-3767
(Title and Business Phone Number of the Responsible Official)