

NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE – PUBLIC TRUSTEE

LOCAL AUTHORITIES ELECTION ACT (SECTIONS 12, 21, 22, 27, 47, 151) and SCHOOL ACT (SECTIONS 44(4))

LOCAL JURISDICTION: **Greater St. Albert Catholic Regional Division No. 29, 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 **TRUSTEE OF THE GREATER ST. ALBERT CATHOLIC REGIONAL DIVISION NO. 29.**

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election (s. 27 & 47, *Local Authorities Election Act*, and s. 44(4), *School Act*)

Nominators

Printed Name of Elector	Residential Address of Elector	Signature of Elector

Optional Nominators

Printed Name of Elector	Residential Address 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 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 the City's FOIP Coordinator at 780-459-1500.



CANDIDATE'S ACCEPTANCE

I, the candidate named in the foregoing nomination, solemnly swear (affirm):

- THAT I am eligible under Sections 21 and 47 of the *Local Authorities Election Act* to be elected to the office; and
- THAT I am eligible under section 44(4) of the *School Act* to be elected to the office; and
- THAT I am not otherwise disqualified under Section 22 of the *Local Authorities Election Act*; and
- THAT I will accept the office if elected; and
- THAT I have read Sections 21, 22, 27, 47 and 151 of the *Local Authorities Election Act* and understand their contents; and
- THAT I am appointing _____ as my official agent.
(Name, contact information of official agent)

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 City of)

St. Albert, in the Province of Alberta, this _____)

day of _____, A.D. 2010.)

(Candidate's Signature)

(Returning Officer or Commissioner for Oaths)

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*NOMINATION PAPERS WILL BE RECEIVED BY THE RETURNING OFFICER
BETWEEN THE HOURS OF 8:00 A.M. AND 12:00 NOON ON SEPTEMBER 20, 2010
AT CITY HALL IN THE EAST BOARD ROOM, 3RD FLOOR.*

