

# NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE - MAYOR

LOCAL AUTHORITIES ELECTION ACT (SECTIONS 12, 21, 22, 27, 47, 151)

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 (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 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.*

