

Summer Village of Waiparous Nomination Paper and Candidate's Acceptance

Local Authorities Election Act
(Sections 12, 21, 22, 23, 27, 47, 68.1
147.11, 147.2, 147.21, 151)
School Act (section 44(4))

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*. 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 Municipal Administrator at 403-554-5515.

Local Jurisdiction: **SUMMER VILLAGE OF WAIPAROUS**, Province of Alberta

We, the undersigned electors of the **SUMMER VILLAGE OF WAIPAROUS**, 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** of the **SUMMER VILLAGE OF WAIPAROUS**.

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	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 (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; 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 12, 21, 22, 23, 27, 68.1, 147.11, 147.2, 147.21 and 151 of the *Local Authorities Election Act* and section 44(4) of the *School Act* (if applicable) and understand their contents.
- THAT I am appointing _____
(Name, Contact Information or Complete Address and Telephone Number of Official Agent (if applicable))
as my official agent.

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)