

## Statement of Scrutineer or Official Agent

*Local Authorities Election Act*  
(Sections 16(2), 68.1, 69, 70)

**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 sections 16(2), 68.1, 69 and 70 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

Municipal Clerk

780-350-2101

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION: Town of Westlock, PROVINCE OF ALBERTA

ELECTION DATE (OR VOTE ON A BYLAW OR QUESTION): February 22, 2024

I, \_\_\_\_\_,  
Name of Scrutineer or Official Agent

of \_\_\_\_\_  
Complete Address and Postal Code

in the Province of \_\_\_\_\_, am at least 18 years of age and,  
Name of Province

(a) For the purposes of an election, will act as scrutineer on behalf of \_\_\_\_\_  
Name of Candidate  
for the office of \_\_\_\_\_  
Office for which Candidate was Nominated

**OR**

(b) For the purposes of a vote on a bylaw, will act as scrutineer for those persons who are interested in

(Check [✓] One) ☐ **promoting** the passing of Bylaw No. \_\_\_\_\_

☐ **opposing** the passing of Bylaw No. \_\_\_\_\_

**OR**

(c) For the purposes of a vote on a question, will act as scrutineer on behalf of those persons who are interested in

(Check [✓] One) ☐ voting in the **positive** on the question set out.

☐ voting in the **negative** on the question set out.

AND I will in all respects maintain and aid in maintaining the absolute secrecy of the vote.

\_\_\_\_\_  
Signature of Scrutineer or Official Agent

**IT IS AN OFFENCE TO SIGN A FALSE STATEMENT**