

LOCAL JURISDICTION: \_\_\_\_\_, PROVINCE OF ALBERTA

Election Date: October 20, 2025  
date

I, \_\_\_\_\_, of \_\_\_\_\_,  
(complete address and postal code)

intend to be nominated, or have been nominated, to run for election as a candidate in the Town of Westlock.

I understand that by completing this form, I am declaring my intent to become a candidate as defined in the *Local Authorities Election Act*, which carries with it certain obligations and responsibilities.

### Candidate Information

Title	Candidate Last Name	Candidate First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	Telephone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of place(s) where candidate records are maintained: \_\_\_\_\_

Name(s) and address(es) of financial institutions where campaign contributions will be deposited (if applicable):  
\_\_\_\_\_

Name(s) of signing authorities for each depository listed above (if applicable): \_\_\_\_\_

SWORN (AFFIRMED) before me at the \_\_\_\_\_  
of \_\_\_\_\_, in the Province of Alberta  
this \_\_\_\_\_ day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Signature of Returning Officer or Commissioner for Oaths or  
Notary Public in and for Alberta

\_\_\_\_\_  
Signature of Candidate

### RETURNING OFFICER'S ACCEPTANCE

Returning office signals acceptance by signing this form

\_\_\_\_\_  
Signature of Returning Officer

### IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT

The personal information collected through this form is for administering the election. This collection is authorized by section 4(c) of the *Protection of Privacy Act* (POPA). For questions about the collection of personal information, contact your local municipal office.