NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE

APPENDIX "B"

Local Authorities Election Act (Sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, 158.3, Part 5.1) Education Act (Sections 4(4), 74)

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

Municipal Clerk/ Town of Westlock		780-350-2101	
Business Title/Organization		Business Phone	Number
10003 - 106 Street	Westlock	AB	T7P 2K3
Address	City or Town	Province	Postal Code
LOCAL JURISDICTION:	Town of Westlock	, PROVINCE OF ALBERTA	
We, the undersigned electors of			,
nominate	Name of Local Jurisdiction and Ward (if application)	able)	of
	Candidate's Surname and Given Names		
	Complete Address and Postal Code		
as a candidate at the election about to be he	eld for the office of		
	Office Nominated for		
of			
	Name of Local Jurisdiction		
The candidate's local political party or slate	is		(if applicable).
Authorities Election Act and sections 4(4) an	ELIGIBLE TO VOTE in this election in accordance with s d 74 of the <i>Education Act</i> (if applicable). If a city or a boar 27(2) of the <i>Local Authorities Election Act</i> , then the signal	d of trustees und	ler the
Printed Name of Elector	Complete Address and Postal Code of Elector	Signature	of Elector

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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 sections 4(4) and 74 of the *Education Act* (if applicable) to be elected to the office,

I am not otherwise disqualified under section 22, 23 or 23.1 of the Local Authorities Election Act,

I will accept the office if elected,

I have read sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1 and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents,

I am appointing	
Name, Contact Information or Con	nplete Address and Postal Code, and Telephone Number of Official Agent
as my official agent (if applicable),	
I have provided a criminal record check with my nomina	tion package (if applicable),
I will read and abide by the municipality's code of condu	ct if elected (if applicable), and
The electors who have signed this nomination paper are the <i>Education Act</i> and resident in the local jurisdiction of	e eligible to vote in accordance with the <i>Local Authorities Election Act</i> and n the date of signing the nomination.
(Print name as it should appear on the ballot.)	
Candidate's Surname	Candidate's Given Names (may include nicknames, but not titles, i.e. Mr., Ms, Dr.)
SWORN (AFFIRMED) before me	
at the of	, (
in the Province of Alberta,	Signature of Candidate
this day of , 20	. <i>)</i>
	Commissioner for Oaths Stamp
Signature of Returning Officer or Commissioner for Oaths	

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

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:	
Signature of Returning Officer	-

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