FORM 4

Candidate Surname



## Nomination Paper and Candidate's Acceptance

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

of

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 21 and 27 of the Local Authorities Election Act and section 33(3) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB TOA 3CO, 780-656-3674, or legislative@smokylake.ca.

LOCAL JURISDICTION: TOWN OF SMOKY LAKE, PROVINCE OF ALBERTA

Given Names

We, the undersigned electors of TOWN OF SMOKY LAKE nomintate,

Complete Address and Postal Code		
As a candidate about to	be held for the office ofOffice Nominated for	_ of
TOWN OF SMOKY LAKE, A	BERTA.	
and 47 of the Local Authorapplicable). If a city or a	ECTORS ELIGIBLE TO VOTE in this election in according to the section of the secti	f the Education Act (if asses a bylaw under
rinted Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
rinted Name of Elector		Signature of Elector
rinted Name of Elector		Signature of Elector
rinted Name of Elector		Signature of Elector
rinted Name of Elector		Signature of Elector
Printed Name 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 sections to be elected to the office;
- THAT I am not otherwise disqualified under section 22 or 23 of the Local Authorities Election Act;
- THAT I will accept the office if elected;
- **THAT** I have read sections 12, 21, 22, 23, 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;
- THAT I am appointing the following as my official agent (if applicable):

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- **THAT** the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election* Act and the *Education Act* and resident in the local jurisdiction on the date of signing the nomination.

Print name as it should 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 of	<b>]</b>		
in the Province of Alberta,	Candidate's Signature		
this, 20			
	Commissioner for Oaths Stamp		
Signature of Returning Officer or Commissioner for Oaths			
RETURNING OFFICER'S ACCEPTANCE			
Returning Officer signals acceptance by	signing this form:		
		_	

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

Signature of Returning Officer