FORM A

TOWN OF SMOKY LAKE
Est. 1923

Candidate Information Disclosure

LOCAL JURISDICTION: **TOWN OF SMOKY LAKE,** PROVINCE OF ALBERTA

I, _____, hereby ☐ **authorize** ☐ **do not authorize** (check one) the Town of Smoky Lake to release for publication purposes the below listed candidate information while participating in the 2025 General Municipal Election. I acknowledge that the Town of Smoky Lake may use my candidate information on the Town of Smoky Lake website for election purposes or provide my information to the media and members of the public.

Candidate Information

Name: _____

Mailing Address: _____

Email Address: _____

Contact Phone Number: _____

Name: _____

Mailing Address: _____

Campaign Website: _____

Social Media:

☐ Facebook: _____   ☐ Instagram: _____

☐ LinkedIn: _____   ☐ YouTube Channel: _____

☐ X (Twitter): _____   ☐ Other (specify): _____

A photograph has been provided by the candidate: ☐ Yes   ☐ No

By executing your signature, you are indicating that the information on this form is accurate. The Town of Smoky Lake will not assume any responsibility for errors or omissions.

_____   _____
Candidate Signature   Date