



NOTICE OF INTENT

Notice of Intent to Run

Local Authorities Election Act (Section 147.22)

An individual intending to run for Mayor or Council must submit this form to the Town of Smoky Lake before accepting campaign contributions or incurring campaign expenses as set out in **Part 5.1 Election Finances and Contributions Disclosure** of the *Local Authorities Election Act*

Instructions

- Complete the form below
- File the completed form with administration by one of the following ways:
 - Drop off at Town of Smoky Lake office at 56 Wheatland Avenue, Smoky Lake or,
 - Email to finance@smokylake.ca or,
 - Mail to Town of Smoky Lake, ATTN: Elections to PO Box 460, Smoky Lake, Alberta, T0A 3C0
- If there are any changes to the information below, you must submit a revised Candidate Financial Information Form (Form 5) to the Retuning Officer within 48 hours of the change.

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

Candidate Declaration

I, _____ of,
Candidate Surname Given Names

Complete Address and Postal Code

Phone

Email

Hereby declare my intention to run in the 2026 Municipal By-Election for the office of Councillor for the Town of Smoky Lake.

Address of place(s) where Candidate Communications may be sent:

Address _____

Address of place(s) where candidate records are maintained (records must be kept for a period of three years following the election day):

Personal information is collected under the authority of sections 4(c) and 5 of the Protection of Privacy Act and will be used for the management and administration of the local election process. This information may be disclosed in accordance with the Act or as otherwise required by law. If you have any questions, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB T0A 3C0, 780-656-3674, or finance@smokylake.ca.



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Address _____

Name(s) and address(es) and signing authority of financial institutions where campaign contributions will be deposited:

1. Name of Financial Institution _____

Address _____

Name(s) of signing authority _____

2. Name of Financial Institution _____

Address _____

Name(s) of signing authority _____

By executing your signature, you are indicating that the information on this Notice of Intent form is accurate.

Candidate Name

Candidate Signature

Date

OFFICE USE ONLY - RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

Date received by office

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