



**NOTICE OF INTENT**

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**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 [legislative@smokylake.ca](mailto:legislative@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 Returning 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 2025 Municipal Election for the office of \_\_\_\_\_ for the Town of Smoky Lake.  
(Mayor or Council)

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**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):**

Address \_\_\_\_\_

Personal information is collected under the authority of s. 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of the local election. This form may be disclosed as allowed or required by law. 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 T0A 3C0, 780-656-3674, or [legislative@smokylake.ca](mailto:legislative@smokylake.ca).



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**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

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**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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