



FORM 4
**NOMINATION PAPER AND
CANDIDATE'S ACCEPTANCE**

Local Authorities Election Act,
Section 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1

LOCAL JURISDICTION: Town of Ponoka, Province of Alberta

ELECTION DATE: Monday, October 18, 2021

We, the undersigned electors of the Town of Ponoka, in the Province of Alberta **nominate:**

_____ of _____
(Candidate's Surname) (Candidate's Given Names) (Complete Address, Street Address or Legal Land Description, and Postal code)

as a candidate at the election about to be held for the office of _____ in the
Town of Ponoka, in the Province of Alberta. (Mayor or Councillor)

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act*.

Printed Name of Elector	Complete Address (Street Address or Legal Land Description) and Postal Code of Residence of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



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Candidate's Surname

Candidate's Given Names

Candidate's Acceptance

I, the above named candidate, solemnly swear (affirm):

- THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* 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 21, 22, 23, 27, 28, 47, 68.1 and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;

THAT I am appointing as my official agent (if applicable):

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

- THAT I will read and abide by Council's Code of Conduct if elected; and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election 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 _____ in the
Province of Alberta this ____ day of _____
2021.

} _____
Candidates Signature

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.

The personal information on this form is being collected in accordance with section 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to support the administrative requirements of the local authorities election process. The personal information will be managed in compliance with the privacy provisions of Part 2 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection and use of this personal information, please contact the FOIP Coordinator at 403-783-0130.



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Candidate's Surname

Candidate's Given Names

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer