



# Notice of Intent

Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: \_\_\_\_\_, PROVINCE OF ALBERTA

Election Date: \_\_\_\_\_  
date

I, \_\_\_\_\_, of

\_\_\_\_\_ complete address and postal code

intend to be nominated, or have been nominated, to run for election as a candidate in the

\_\_\_\_\_ name of local jurisdiction and ward, if applicable

I understand that by completing this form, I am declaring my intent to become a candidate as defined in the *Local Authorities Election Act*, which carries with it certain obligations and responsibilities.

## Candidate Information

Title	Candidate Last Name	Candidate First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	Telephone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of place(s) where candidate records are maintained:

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

Name(s) of signing authorities for each depository listed above (if applicable):

SWORN (AFFIRMED) before me at the of \_\_\_\_\_, in the

Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Returning Officer or Commissioner for Oaths or Notary Public in  
and for Alberta

\_\_\_\_\_  
Signature of Candidate

Commissioner for Oaths Stamp

## RETURNING OFFICER'S ACCEPTANCE

Returning office signals acceptance by signing this form

\_\_\_\_\_  
Signature of Returning Officer

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

The personal information collected through this form is for administering the election. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Manager of Legislative Services, 780-594-4494.