



FORM 4
NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE
Local Authorities Election Act (Sections 12, 21, 22, 23, 23.1, 27, 28, 47,
68.1, 151, 158.3, Part 5.1)

Note: 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 for the City of Cold Lake, 780-594-4494 at 5513 – 48 Avenue, Cold Lake, Alberta T9M 1A1.

LOCAL JURISDICTION: CITY OF COLD LAKE, PROVINCE OF ALBERTA

We, the undersigned electors of the City of Cold Lake, nominate

_____ (Full Name) of _____
(candidate's surname)(given names) (complete address and postal code)

as a candidate at the election about to be held for the office of _____
(office nominated for)

of the City of Cold Lake.

The candidate's local political party or slate is _____ (if applicable).

Signatures of at least **10 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and *Cold Lake Election Bylaw*.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



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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, 23 or 23.1 of the *Local Authorities Election Act*;

THAT I will accept the office if elected;

THAT I have read sections 12, 21, 22, 23, 23.1, 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 _____
(name, contact information or complete address and postal code, and telephone number of official agent)
_____ as my official agent
(if applicable),

THAT I will read and abide by the municipality'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, ie. Mr. Ms, Dr.)

SWORN (AFFIRMED) BEFORE ME)

at the _____ of _____, in the Province of)

Alberta, this _____ day of _____, 20 _____)

Candidate's 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**

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer