NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE

Local Authorities Election Act

Section 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, Part 5.1

LOCAL JURISDICTION: County of Northern Lights, Province of Alberta

600 7 Ave NW, Manning, AB 780-836-3348

ELECTION DATE: Monday, October 20, 2025

Nomination

We, the undersigned electors of County of Northern Lights, Province of Alberta and Ward _____ (if applicable), **nominate:**

_____ of _____

(Candidate's Surname) (Candidate's Given Name) (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 Councillor in Ward _____ of County of Northern Lights.

Provide 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.			

Supplementary signatures may be collected and documented on the supplementary sheet provided.

The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the Local Authorities Election Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions concerning the collection of this personal information, please contact County of Northern Lights FOIP Coordinator at 780-836-3348 or toll-free at 1-888-525-3481.

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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, 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 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 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 are residents within the local jurisdiction (and ward, if applicable) 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

Candidates Signature

the Province of Alberta, this _____ day of _____ 2025.

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

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Supplementary Signatures

We, the undersigned electors of County of Northern Lights, Province of Alberta and Ward _____ (if applicable), **nominate:**

_____ Of _____

(Candidate's Surname) (Candidate's Given Name) (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 Councillor in Ward _____ of County of Northern Lights.

Printed Name of Elector	Complete Address (Street Address or Legal Land Description) and Postal Code of Residence of Elector	Signature of Elector

The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the Local Authorities Election Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions concerning the collection of this personal information, please contact County of Northern Lights FOIP Coordinator at 780-836-3348 or toll-free at 1-888-525-3481.