CANDIDATE INFORMATION RELEASE FORM

I, _____, ☐ **authorize** ☐ **do not authorize** (check one)
(Please Print)

County of Northern Lights to release for publication purposes the below listed candidate information while participating in the 2027 Municipal By-Election. I acknowledge that County of Northern Lights may use my candidate information on their county website/social media or provide my information to the media and members of the public.

Candidate Information:

NAME: _____

MAILING ADDRESS
& POSTAL CODE: _____

HOME PHONE NUMBER: _____

OFFICE PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

SOCIAL MEDIA: _____

EMAIL ADDRESS: _____

NUMBER TO CONTACT _____

ON ELECTION NIGHT:

_____ _____
Signature Date

Collection and Use of Personal Information
Is now under the Access To Information Act and Protection Of Privacy Act. If you have questions regarding the collection, use or disclosure of this information, please contact the ATI & Privacy Officer at 780-836-3348 or toll free at 1-888-525-3481.