

Nomination Paper and Candidate's Acceptance



Local Authorities Election Act
 (Sections 12, 21, 22, 23, 27, 28, 47,
 68.1, 151, Part 5.1)

LOCAL JURISDICTION: Vulcan County, Province of Alberta

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of Vulcan County Division _____, Province of Alberta **nominate:**

_____ of
 (Candidate's Surname) (Candidate's Given Names)

 (Mailing Address, Rural Address or Legal Land Description, and Postal code)

as a candidate at the election about to be held for the office of Councillor, Division _____ of **Vulcan County, Province of Alberta.**

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.		

Additional 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*. If you have questions concerning the collection of this personal information, please contact Vulcan County's FOIP Coordinator at 403-485-2241.

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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 or 23 of the *Local Authorities Election Act*;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 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 the following 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 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, i.e. Mr, Mrs, Dr.)

SWORN (AFFIRMED) BEFORE ME)
At the _____ of _____, in the Province)
of Alberta, this ____ day of _____ 2025.)

Candidates Signature

Signature of Returning Officer or Commissioner for Oath

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

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

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