



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

LOCAL JURISDICTION: THE CITY OF CALGARY, PROVINCE OF ALBERTA

We, the undersigned electors of ward _____ of The City of Calgary, nominate

(candidate surname) (given names)

of

(complete address and postal code)

as a candidate at the election about to be held for the office of COUNCILLOR of The City of Calgary.

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

Provide signatures of at least 100 electors eligible to vote in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and The City of Calgary Bylaw 50M2024.

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	Printed name of elector	Complete address and postal code of elector	Signature of elector
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	Printed name of elector	Complete address and postal code of elector	Signature of elector
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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,
- I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*,
- I will accept the office if elected,
- 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,
- I am appointing _____

(name, contact information or complete address and postal code, and telephone number of official agent)

as my official agent (if applicable),

- I have provided a criminal record check with my nomination package,
- I will read and abide by the municipality's code of conduct if elected, **and**
- 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)

(candidate's given names)
(may include nicknames, but not titles, i.e. Mr., Ms., Dr.)

SWORN (AFFIRMED) BEFORE ME
at the _____ of _____, in the
Province of Alberta, this _____ day of
_____, 20_____.

Signature of Candidate

Commissioner for Oaths stamp

Signature of Returning Officer or Delegate 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 or Delegate

The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact Leader, Election Services for The City of Calgary by phone at (403) 476-4110, by email at candidates@calgary.ca or by mail at The City of Calgary, Mail Code #207, P.O. Box 2100, Station M, Calgary, AB, Canada, T2P 2M5.