

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

The Town of Beaverlodge often receives requests for personal information regarding candidates running for Town Council in the Municipal By-Election from organizations, individuals, and media.

The Town, therefore, **requests the type of information** that we can provide electors, media/social media and the Town of Beaverlodge's public website.

Please fill in the information that you consent to be released. Please Print clearly.

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Picture: (Please provide & initial)

DISCLAIMER

I, _____,

As a potential candidate for the position of Councillor, give permission for my above information, which I completed, to be released for publication purposes, both to the media and to the Town of Beaverlodge for use on their website.

Signature

Date

The personal information requested on this form is being collected for the purpose of the 2021 Municipal Election, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about the collection of this information, contact the Town Office at (780)354-2201.

 **Email**
town@beaverlodge.ca

 **Phone**
780-354-2201

 **Website**
beaverlodge.ca

Nomination Paper and Candidate's Acceptance

Local Authorities Election Act
(Sections 12, 21, 22, 23, 27, 28, 47,
68.1, 151, Part 5.1)
Education Act (Sections 4(4), 74)

Note: 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

_____ **780-354-2201** _____
Title of the Responsible Official Business Phone Number

LOCAL JURISDICTION: BEAVERLODGE, PROVINCE OF ALBERTA

We, the undersigned electors of BEAVERLODGE, ALBERTA, nominate
Name of Local Jurisdiction and Ward (if applicable)

_____ of
Candidate Surname Given Names

_____ as a candidate at the election
Complete Address and postal code

about to be held for the office of COUNCILLOR
Office Nominated for

of BEAVERLODGE, ALBERTA
Name of Local Jurisdiction

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* and sections 4(4) and 74 of the *Education Act* (if applicable). If a city or a board of trustees under the *Education Act* passes a bylaw under section 27(2) of the *Local Authorities Election Act*, then the signatures of up to 100 electors eligible to vote may be required.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

Candidate's Acceptance

I, the above named candidate, solemnly swear (affirm)

- THAT I am eligible under sections 21 and 47 (and section 12, in the case of summer villages) of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) 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 sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents;
- THAT I am appointing

 Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)
 as my official agent.

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and the *Education Act* and resident in the local jurisdiction on the date of signing the nomination.

Print name as it should appear on the ballot

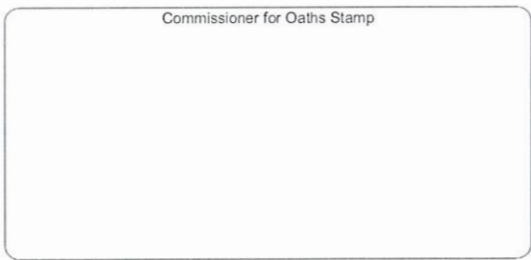
 Candidate's Surname Given Names (may include nicknames, but not titles, i.e., Mr., Ms., Dr.)

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
 or Notary Public in and for Alberta
 (Also include printed or stamped name and expiry date)

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

 Signature of Returning Officer

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

Candidate Financial Information

Local Authorities Election Act
(Section 27)

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780-354-2201

_____ Title of the Responsible Official

_____ Business Phone Number

Candidate's Full Name _____

Candidate's Address and Postal Code _____

Address(es) of Place(s) where Candidate Records are Maintained _____

Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable) _____

Name(s) of Signing Authorities for each Depository Listed Above (if applicable) _____

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.