

# FORM 3

# Nomination Paper and Candidate's Acceptance

*Local Authorities Election Act*  
(Sections 12, 21, 22, 23, 27, 47, 68.1,  
147.11, 147.2, 147.21, 151)  
*School Act (Section 44(4))*

**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 section 27 of the *Local Authorities Election 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:  
Susan McMahan, 587-830-2842

LOCAL JURISDICTION: CITY OF CHESTERMERE, PROVINCE OF ALBERTA

We, the undersigned electors of the City of Chestermere, nominate

\_\_\_\_\_ of  
(Candidate Surname) (Given Names)

\_\_\_\_\_ as a candidate at the election  
(Complete Address and postal code)

about to be held for the office of \_\_\_\_\_  
(Office Nominated for)  
of the City of Chestermere.

Signatures of at least **10 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27(2) and 47 of the *Local Authorities Election Act*, section 44(4) of the *School Act* and section 5(5) of Bylaw #007-17 being the City of Chestermere's Municipal Election Bylaw.

Print 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 section 44(4) of the *School 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, 47, 68.1, 147.11, 147.2, 147.21 and 151 of the *Local Authorities Election Act* and section 44(4) of the *School Act* (if applicable) and understand their contents; and
- 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.

Print name as it should appear on the ballot

\_\_\_\_\_  
 (Candidate's Surname) (Given Name (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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Signature of Returning Officer or Commissioner for Oaths)

} \_\_\_\_\_  
 (Candidate's Signature)

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