CITY OF *Lethbridge*

Local Jurisdiction: **CITY OF LETHBRIDGE**, Province of Alberta
We, the undersigned electors of the **CITY OF LETHBRIDGE**, nominate

_____

(Candidate's 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 Lethbridge.

Signatures of at least 50 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 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 of the *Local Authorities Election Act* to be elected to the office;
- THAT I am not otherwise disqualified under Section 22, 23 or 23.1 of the *Local Authorities Election Act*;
- THAT I will accept the office if elected;
- THAT I have read Sections 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;
- THAT I am appointing _____
  as my official agent.   (Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent) (if applicable)
- THAT I will read and abide by the 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 Lo*cal 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 CITY OF LETHBRIDGE,
in the Province of Alberta,
this _____ day of _____, 2025.

                                            _____
                                            (Candidate's Signature)

_____
(Signature of Returning Officer or Commissioner for Oaths)

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

TO ENSURE VALIDITY OF THEIR NOMINATION PAPER, A CANDIDATE MAY SUBMIT MORE THAN THE REQUIRED <u>FIFTY</u> ELECTORS' SIGNATURES.

PRINTED NAME OF ELECTOR	COMPLETE ADDRESS AND POSTAL CODE OF ELECTOR	SIGNATURE OF ELECTOR

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

TO ENSURE VALIDITY OF THEIR NOMINATION PAPER, A CANDIDATE MAY SUBMIT MORE THAN THE REQUIRED <u>FIFTY</u> ELECTORS' SIGNATURES.

PRINTED NAME OF ELECTOR	COMPLETE ADDRESS AND POSTAL CODE OF ELECTOR	SIGNATURE OF ELECTOR

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

Note: 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 Bonnie Hilford, Returning Officer, Phone 403-320-4083 or visit the Office of the City Clerk in City Hall at 910 – 4th Avenue South, Lethbridge, Alberta, T1J 0P6

TO ENSURE VALIDITY OF THEIR NOMINATION PAPER, A CANDIDATE MAY SUBMIT MORE THAN THE REQUIRED <u>FIFTY</u> ELECTORS' SIGNATURES.		
PRINTED NAME OF ELECTOR	COMPLETE ADDRESS AND POSTAL CODE OF ELECTOR	SIGNATURE OF ELECTOR

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

Note: 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 Bonnie Hilford, Returning Officer, Phone 403-320-4083 or visit the Office of the City Clerk in City Hall at 910 – 4th Avenue South, Lethbridge, Alberta, T1J 0P6