NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE

Local Authorities Election Act (Sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, 158.3, Part 5.1) Education Act (Sections 4(4), 74)

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

Secretary-Treasurer/ Gran	780-723-4471						
Business Title/Organization			Business Phone Number				
3656 1 Avenue		Edson	AB	T7E 1S8			
Address		City or Town	Province	Postal Code			
LOCAL JURISDICTION:	Grand	e Yellowhead Public School Division	, PROVINCE OF ALBERTA				
We, the undersigned electors of				,			
	-	Name of Local Jurisdiction and Ward (if applica	able)				
nominate				of			
		Candidate's Surname and Given Names					
		Complete Address and Postal Code					
as a candidate at the election abo	out to be held t	for the office of					
	Office Nominated for						
of				¥			
		Name of Local Jurisdiction					
The candidate's local political pa	rty or slate is			(if applicable).			
Authorities Election Act and secti	ons 4(4) and 7	IGIBLE TO VOTE in this election in accordance with set 4 of the Education Act (if applicable). If a city or a board (2) of the Local Authorities Election Act, then the signate	d of trustees und	er the			
Printed Name of Elec	ctor	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,

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 15 4(4) and 74 of the <i>Education Act</i> (if applicable) and understand the	
I am appointing	
Name, Contact Information or Complete Add	dress 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 pack	age (if applicable),
I will read and abide by the municipality's code of conduct if elect	ted (if applicable), and
The electors who have signed this nomination paper are eligible the <i>Education Act</i> and resident in the local jurisdiction on the date	
(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	
at the of ,	Signature of Candidate
in the Province of Alberta,	Signature of Cartuidate
this day of , 20	
	Commissioner for Oaths Stamp
Signature of Returning Officer or Commissioner for Oaths	
IT IS AN OFFENCE TO SIG	N A FALSE AFFIDAVIT

OR A FORM THAT CONTAINS A FALSE STATEMENT

RETURNING OFFICER'S ACCEPTANCE

Returning (Officer	signals	accepta	ance by	signing	this form:	
-		Signatu	re of Ret	urning O	fficer		

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