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 Chief Administrative Officer	the collection of this personal information, plea	ise contact
(Title of the Responsible Official)	403-843-2113 (Business Phone Number	er)
LOCAL JURISDICTION: Town o	f Rimbey	, PROVINCE OF ALBERTA
We, the undersigned electors of (Γown of Rimbey Name of local jurisdiction and ward, if applicab	, nominate
(Candidate Surname) (Given	of Names)	
(Complete Address and postal code)		as a candidate at the election
about to be held for the office of (Office Nominated for)	
of Town of Rimbey (Name of Local Jurisdiction)		.•
of the Local Authorities Election A	RS ELIGIBLE TO VOTE in this election of and section 44(4) of the School Act (if a aw under section 27(2) of the Local Authorians be required.	applicable). If a city or a board of trustees
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 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

(Signature of Returning Officer or Commissioner for Oaths)

(Candidate's Surname) (Given Names (may include nickna	mes, but not titles, i.e., Mr., Mrs., Dr.))
SWORN (AFFIRMED) before me	
at the ,	
in the Province of Alberta,	(Candidate's Signature)
this day of , 20)

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

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