

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)
As Modified by Ministerial Order 26/17
School Act (Section 44(4))

LOCAL JURISDICTION: KANANASKIS IMPROVEMENT DISTRICT, PROVINCE OF ALBERTA

We, the undersigned electors of The Kananaskis Improvement District's ward for the non-commercial residents or ratepayers, nominate _____ of _____ as a candidate at the election about to be held for the office of Councillor of the Kananaskis Improvement District.

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*, as modified by Ministerial Order 26/17 and section 44(4) of the *School Act* (if applicable). If a city or a board of trustees under the *School 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*, as modified by Ministerial Order 26/17, 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*, as modified by Ministerial Order 26/17;

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*, as modified Ministerial Order 26/17, and section 44(4) of the *School Act* (if applicable) and understand their contents;

THAT I am appointing _____ as my official agent.

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, Kieran Dowling,

at the _____ of _____, in the Province)

of Alberta, this _____ day of _____,) (Candidate's Signature)

20_____.)

_____) (Signature of Returning Officer or Commissioner for
Oaths)

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

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*, as modified by Ministerial Order 26/17. 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 Kieran Dowling, Returning Officer, at 403-305-4928.