



MUNICIPAL ELECTION 2025

NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE

Form 4

(MAYOR)

Local Authorities Election Act (sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)

The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the *Local Authorities Election Act* and sections 33(a)&(c) of the *Freedom of Information and Protection of Privacy 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, use, and disclosure of this personal information, please contact the Election Office | 4905-51 Ave, Stony Plain, AB, T7Z 1Y1 | 780-963-2151 | election@stonyplain.com

LOCAL JURISDICTION: TOWN OF STONY PLAIN, PROVINCE OF ALBERTA

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of the Town of Stony Pain, Province of Alberta, **NOMINATE**

_____, _____ of
(Candidate's Surname) (Candidate's Given Names)

_____, _____
(Candidate's Residential Address) (Postal Code)

as a candidate at the election about to be held for the office of MAYOR of the Town of Stony Plain, Province of Alberta.

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with section 27 and 47 of the *Local Authorities Election Act*.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

CANDIDATE'S ACCEPTANCE

I, the above named candidate, solemnly swear (affirm)

THAT I am eligible under sections 221 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 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;

THAT I am appointing as my official agent (if applicable):

(Name, email address and/or complete address and postal code and telephone number of official agent)

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 *Local Authorities Election Act* and resident in the Town of Stony Plain 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. Mrs., Mr., Dr.)

SWORN (AFFIRMED) before me at the _____

of _____, in the Province of

Alberta this _____ day of _____, 2025.

Candidate's Signature

Signature of Returning Officer or Commissioner for Oaths
or Notary Public in and for Alberta
(also include printed or stamped name and expiry date)

Commissioner for Oaths Stamp

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