



# NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE

*Local Authorities Election Act  
(Sections 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, Part 5.1)*

**LOCAL JURISDICTION:** **TOWN OF THORSBY, PROVINCE OF ALBERTA**

We the undersigned electors of the Town of Thorsby, nominate

Of

(Candidate's Surname, Given Name(s))

(Complete Address and Postal Code)

as a candidate in the election about to be held for the office of:

Mayor  
Councillor  
**Of The Town of Thorsby**

Signatures of at least five (5) **ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Elections Act*.

	Printed Name of Elector	Complete Municipal Address and Postal Code or Legal Land Description of Elector's Residence	Signature of Elector
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**RECEIPT OF NOMINATION PAPER**

**Nomination papers must be received by the Returning Officer or their designate during the nomination period starting January 1, 2025, and ending at 12 noon on Nomination Day, Monday, September 22, 2025.**

**NOMINATIONS SUBMITTED BY FAX OR EMAIL WILL NOT BE ACCEPTED**

**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, and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;
- 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;

- 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 reside in the local jurisdiction on the date of signing the nomination.

Printed name as it should appear on the ballot:

(candidate’s surname, given name (may include nicknames but not titles, ie. Mr. Mrs. 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 in and for Alberta

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

**RETURNING OFFICER’S ACCEPTANCE**

Returning Officer signals acceptance by signing this form: \_\_\_\_\_  
 (Signature of Returning Officer)