

Instructions

- Candidates must obtain 25 original signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.
- The qualifying address provided must include the postal code.

Personal information collected on this form is obtained under the authority of sections 33 and 95 of the *Municipal Elections Act, 1996*. Under section 88 of the *Municipal Elections Act, 1996* (and despite anything in the *Municipal Freedom of Information and Protection of Privacy Act*) documents and materials filed with or prepared by the clerk or any other election official under the *Municipal Elections Act, 1996* are public records and, until their destruction, may be inspected by any person at the clerk's office at a time when the office is open.

Name of person seeking nomination

Last Name or Single Name	Given Name(s)
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Endorsement signatures for the nomination of a person for an office in the municipality of _____ in the year _____.

Name of person providing endorsement – 1			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Signature		_____ Date (yyyy/mm/dd)	
		Delete	

Name of person providing endorsement – 2			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Signature		_____ Date (yyyy/mm/dd)	
		Delete	

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Name of person providing endorsement – 3			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	Delete
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	Delete
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	Delete
Signature		Date (yyyy/mm/dd)	

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