

**Nomination Paper and Candidate's Acceptance**

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

*Education Act* (Sections 4(4), 74)

Local Jurisdiction: **LETHBRIDGE SCHOOL DIVISION**, Province of Alberta

We, the undersigned electors of the **LETHBRIDGE SCHOOL DIVISION**, nominate

\_\_\_\_\_  
 (Candidate's Surname) (Given Names)

Of \_\_\_\_\_  
 (Complete Address and Postal Code)

as a candidate at the election about to be held for the office of **TRUSTEE** of the Lethbridge School Division.

Signatures of at least 5 ELECTORS ELIGIBLE TO VOTE in this election in accordance with Sections 27 and 47 of the <i>Local Authorities Election Act</i> and Sections 4(4) and 74 of the <i>Education Act</i> .		
PRINTED NAME OF ELECTOR	COMPLETE ADDRESS AND POSTAL CODE OF ELECTOR	SIGNATURE OF ELECTOR

**CANDIDATE'S ACCEPTANCE:**

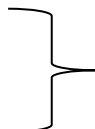
I, the above named candidate, solemnly swear (affirm):

- THAT I am eligible under Sections 21 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* 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 21, 22, 23, 27, 28, 47, 68.1, 151 and Part 5.1 of the *Local Authorities Election Act* and Sections 4(4) and 74 of the *Education Act* and understand their contents;
- THAT I am appointing \_\_\_\_\_ as my official agent. (Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent) (if applicable)
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and the *Education Act* and resident in the local jurisdiction 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., Mr., Mrs., Dr.))

**SWORN (AFFIRMED) before me**  
 at the CITY OF LETHBRIDGE,  
 in the Province of Alberta,  
 this \_\_\_\_ day of \_\_\_\_\_, 2025.



\_\_\_\_\_  
 (Candidate's Signature)

\_\_\_\_\_  
 (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 sections 21 and 27 of the *Local Authorities Election Act*. The personal information will be managed in compliance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact Bonnie Hilford, Returning Officer, Phone 403-320-4083 or visit the Office of the City Clerk in City Hall at 910 – 4<sup>th</sup> Avenue South, Lethbridge, Alberta, T1J 0P6.

