

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

Municipal Elections Act, 1996 (Section 33)

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)	Given Name(s)					
Endorsement signatures for the nomination of a person for an office in the municipality of							
	in the year	-					
Name of person providing endorsement – Last Name or Single Name	Given Name(s)	en Name(s)					
Qualifying Address Suite/Unit Number Street Number Street Name							
Municipality	Province	Postal Code					
I endorse	as a c	andidate and declare that I am qualified					
to be an elector in this municipality.							
Signature	Date (yyyy/mm/dd) Delete					
Name of person providing endorsement – Last Name or Single Name	Given Name(s)						
Qualifying Address Suite/Unit Number Street Number Street Name	L						
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		lo:Na(a)					
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		
	Signate	ıre		Date (yyyy/mm/dd)	Doloto		
Name of person providing endorsement – 4							
Last Name or Singl			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.							
	, ,						
				5	Delete		
	Signati	ıre		Date (yyyy/mm/dd)			
	n providing end	orsement – 5	1				
Last Name or Single Name Given N			Given Name(s)				
Qualifying Address	la	la					
Suite/Unit Number	Street Number	Street Name					
Municipality			Province		Postal Code		
wuriicipality			Province		Postal Code		
I endorse			L	as a candidate and declare	that I am qualified		
to be an elector in this municipality.							
	· · · · · · · · · · · · · · · · · · ·						
			<u> </u>		Delete		
	Signati	ure		Date (yyyy/mm/dd)			
Add Person (+)							

Save Form

Print Form

Clear Form