

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 section 27 of the *Local Authorities Election Act* and section 33(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 of this personal information, please contact

Associate Superintendent Business

Title of the Responsible Official

780-352-6018

Business Phone Number

Candidate's Full Name _____

Candidate's Address and Postal Code _____

Candidate Phone: _____ Candidate Email: _____

Address of place(s) where candidate records are maintained 5515 - 47A Avenue, Wetaskiwin, AB T9A 3S3

Name(s) and address(es) of financial institutions where campaign contributions will be deposited (if applicable)

N/A

Name(s) of signing authorities for each depository listed above (if applicable)

N/A

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.