

## Notice of Intent Election Date: October 20, 2025

*Local Authorities Election Act,* s. 147.22, No individual and no person acting for the individual shall accept a contribution or incur a campaign expense unless the individual has given written notice in accordance with this section.

Election Office

Email cao@innisfree.ca Phone 780.592-3886

An individual who intends to be nominated or has been nominated to run in a local jurisdiction as a candidate must give written notice to the local jurisdiction in which the individual intends to be or has been nominated. **Submitting a notice** of intent is the first step; individuals are still required to submit a nomination form.

## INSTRUCTIONS

- 1. The form is to be completed by the individual who intends to be nominated or has been nominated to run for election as a candidate in the 2025 Municipal Election.
- 2. File the completed form with the Election Office in person at 5116-50 Avenue, Innisfree, AB Attention: Returning Officer; or by emailing to <a href="mailto:cao@innisfree.ca">cao@innisfree.ca</a>

If there are changes to the information collected, notify the Returning Officer by email to cao@innisfree.ca

| First Name  | Middle Name   | Last Name |  |
|---|---------------|-----------|--|
|   |               |           |  |
|   |               |           |  |
| Mailing Address with Postal Code  |               |           |  |
|   |               |           |  |
| Legal Address   |               |           |  |
| Legal Address   |               |           |  |
|   |               |           |  |
| Phone Number  | Email Address |           |  |
|   |               |           |  |
|   |               |           |  |
| I intend to run for Councillor in the 2025 general municipal election for:                                  |               |           |  |
| The Village of Innisfree $\Box$   |               |           |  |
| Address of place/places where records are maintained and where communication is addressed (if different     |               |           |  |
| place than above)   |               |           |  |
|   |               |           |  |
|   |               |           |  |
| Name of Financial Institution(s) and address where campaign contributions will be deposited (if applicable) |               |           |  |
|   |               |           |  |
|   |               |           |  |
| Name of Signing Authorities for Depository above  |               |           |  |
|   |               |           |  |
|   |               |           |  |

I understand that by completing this form, I am declaring my intent to become a candidate as defined in the *Local Authorities Election Act,* which carries with it certain obligations and responsibilities.

| Signature                      | Date |
|--------------------------------|------|
| Signature of Returning Officer | Date |

Personal information is collected under the authority of Section 33(a), (c) of the *Freedom of Information and Privacy Act* and will be used for the administration of the municipal election. This form or parts thereof may be disclosed as permitted or required by law. If you have any questions about the collection, use or disclosure, please contact the CAO at 780-592-3886.