AFFIDAVIT

l,	, pursuant to the Municipal Government Act		
and am	endments thereto, of the Municipal Dis	stri	ct of Greenview No. 16, in the Province of
Alberta	, MAKE OATH AND SAY:		
1.	THAT I was personally present and did witness those signatures on the attached petition where I have signed my name as an adult person.		
2.	THAT to the best of my knowledge the persons whose signatures I have witnessed on this petition are electors of the Municipal District of Greenview No. 16.		
	 a. An eligible elector, at a minimum, is a Canadian citizen, over 18 years of age, and a resident of the municipality. (See Sections 12, 47 and 48 of the <i>Local</i> Authorities Election Act for further information.) 		
	b. I personally observed each person complete the petition document.		
SWORM	N (or affirmed) before me at)	
in the Province of Alberta,)	
this	day of))	(Signature of person who witnessed signatures on the petition)
20)	
	missioner for Oaths/Notary Public or the Province of Alberta	,	
*(PRIN	T OR STAMP NAME HERE)		
MY API	POINTMENT EXPIRES		<u></u>
*(Must I	be legibly printed or stamped).		