

PETITION SAMPLE

The undersigned being eligible electors¹ of the Municipal District of Greenview No. 16, in the province of Alberta hereby petition for:

[Insert statement of petition purpose/objective]

By signing this petition, each petitioner certifies that they are an elector of the Municipal District of Greenview No. 16.

Printed Given Name and Surname of Petitioner	Signature of Petitioner	Legal Land Description or Street Address	Telephone Number or Email Address	I am an elector of Greenview ¹	Date of Signing	Signature of Adult Witness ²
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		
				<input type="radio"/> Yes <input type="radio"/> No		

1. Only electors are eligible to petition the MD of Greenview. An elector is 18 years of age or older, an MD of Greenview resident, and a Canadian citizen (Local Authorities Election Act, R.S.A 2000, c.L-21, s.47).
2. All witnesses must sign an affidavit affirming the witnessed petitioner is to the best of their knowledge an eligible elector of the MD of Greenview.