

Written Notice of Intent 2025 Municipal Election

Pursuant to the *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.

Individuals who intend to be nominated or has been nominated to run in the municipal election as a candidate must give written notice. Submitting a notice of intent is not a substitute for completing the nomination process.

INSTRUCTIONS

- 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.
 Email, mail or drop off in-person the completed form at the Valleyview Administration Office or any Greenview Public Service Building, Attention: Legislative Services, Elections or email <u>elections@mdgreenview.ab.ca</u>
- 2. If there are changes to the information collected, notify Legislative Services, Elections by email at <u>elections@mdgreenview.ab.ca</u>

WARD FOR WHICH INDIVIDUAL IS SEEKING ELEC	TION:			
LAST NAME	FIRST NAME	MIDDLE NAME(S) OR INITIAL		
PHYSICAL ADDRESS		POSTAL CODE		
MAILING ADDRESS				
EMAIL ADDRESS				
PHONE NUMBER (CAMPAIGN OFFICE AND OTHER IF APPLICABLE)				
ADDRESS OF PLACE OR PLACES WHERE RECORDS ARE MAINTAINED AND WHERE COMMUNICATIONS MAY BE ADDRESSED (IF DIFFERENT THAN ABOVE)				
NAME(S) OF FINANCIAL INSTITUTION(S) AND ADDRESS WHERE CAMPAIGN CONTRIBUTIONS WILL BE DEPOSITED (list any additional financial institutions on page 2, if applicable)				
NAME(S) OF SIGNING AUTHORITIES FOR DEPOSI	TORY ABOVE			

Personal information is collected under the authority of Section 33(a), (c) of the *Freedom of Information and Protection of 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 FOIP Coordinator at 780-524-7600 or <u>foip@mdgreenview.ab.ca</u>.

COMPLETE THE INFORMATION BELOW IF YOU HAVE ADDITIONAL FINANCIAL INSTITUTIONS AND SIGNING AUTHORITIES

NAME(S) OF FINANCIA	LINSTITUTION(S)	AND ADDRESS WHE	RE CAMPAIGN CONTR	IBUTIONS WILL BE DEPOSITED	5

NAME(S) OF SIGNING AUTHORITIES FOR DEPOSITORY ABOVE

NAME(S) OF FINANCIAL INSTITUTION(S) AND ADDRESS WHERE CAMPAIGN CONTRIBUTIONS WILL BE DEPOSITED

NAME(S) OF SIGNING AUTHORITIES FOR DEPOSITORY ABOVE

SIGNATURE (insert electronic signature or type name)	DATE

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FOR OFFICE USE ONLY:

DATE STAMPED	RECEIVED BY (Print name of Staff)	TIME RECEIVED
	SIGNATURE OF STAFF	