



**FORM 4**  
**Nomination Paper and Candidate's Acceptance**

*Local Authorities Election Act*  
(Sections 12, 21, 22, 23, 21.1, 27, 28, 47, 68.1, 151, 158.3,  
Part 5.1)

The personal information collected through this form is for administering the election. The collection is authorized section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of this personal information, contact the Returning Officer, City of Fort Saskatchewan, 10005 102 Street, Fort Saskatchewan, AB T8L 2C5 at 780-992-6200 or email [elections@fortsask.ca](mailto:elections@fortsask.ca)

**LOCAL JURISDICTION:**      **CITY OF FORT SASKATCHEWAN, PROVINCE OF ALBERTA**

**ELECTION DATE:**              **Monday, October 20, 2025**

We, the undersigned electors of the City of Fort Saskatchewan, Province of Alberta, **\_NOMINATE**

\_\_\_\_\_ of  
(Candidate Surname)                      (Candidate Given Names)

\_\_\_\_\_ as a candidate at the election  
(Candidate's Residential Address and Postal Code)

about to be held for the office of \_\_\_\_\_  
(Office Nominated for)  
of the City of Fort Saskatchewan, Province of Alberta

Provide signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and City of Fort Saskatchewan Bylaw C22-24.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		

To ensure the Validity of the Nomination Paper, a Candidate may submit more than the required 5 SIGNATURES. Additional signatures may be placed on the lines below.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

**CANDIDATE'S ACCEPTANCE:** I, the above named candidate, solemnly swear (affirm):

- THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* to be elected to the office;
- THAT I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;
- THAT I am appointing as my official agent (if applicable)

\_\_\_\_\_  
(Name, email address and/or complete address and postal code and telephone number of official agent)

- THAT I will read and abide by the municipality's code of conduct if elected, and
- THAT the electors who signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and resident in the City of Fort Saskatchewan on the date of signing the nomination.

**Print name as it should appear on the ballot:**

\_\_\_\_\_  
(Candidate's Surname)

\_\_\_\_\_  
(Given Name) (may include nicknames, but not titles, i.e., Mr., Mrs., Dr.)

SWORN (AFFIRMED) BEFORE ME )

at the \_\_\_\_\_, )

in the Province of Alberta, )

this \_\_\_\_\_ day of \_\_\_\_\_, 2025 )  
)

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
Signature of Returning Officer or Commission for Oaths  
(include printed or stamped name and expiry date)

Commissioner for Oaths stamp

**RETURNING OFFICER'S ACCEPTANCE**

Returning Officer signals acceptance by signing this form:

\_\_\_\_\_  
Signature of Returning Officer

**IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT**