



CLEARANCE CERTIFICATE REQUEST
Request for Certificate Required Under Section 15(1) (b) of the Municipal Elections Act, SNL., 2001, c. M-20.2 as amended

Declaration (to be completed by the applicant) SECTION 1

My name is _____ and I reside at _____

The following is a complete list of the Properties and/or Business that I own or operate in the City of St. John's:

- 1. _____
2. _____
3. _____
4. _____

List any other accounts with money owing to the City of St. John's (ex: Robin Hood Bay Tipping Fees, Recreation Fees, Miscellaneous Accounts, Housing Rent etc.):

- 1. _____
2. _____
3. _____
4. _____

Signature _____ Date _____

Name (Please print) _____

Note: Please allow 2 working days to process Municipal Elections Clearance Certificate

Privacy Notice SECTION 2

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of certifying a Candidate. Questions about the collection and use of the information may be directed to the Elections Coordinator, election@stjohns.ca.

Please bring completed form to the Access Citizen's Service Centre, 1st floor City Hall where you will be directed to the Taxation Department (Attention: Manager or Supervisor of Revenue Accounting):

Taxation Department
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

For further information:
E-mail: election@stjohns.ca
Phone: 311 or 576-CITY (2489)

