



NOMINATION FORM

Declaration (to be completed by the Applicant) SECTION 1

We, \_\_\_\_\_ and \_\_\_\_\_ (Proposer) (Seconder)

being eligible to vote in the City of St. John’s, nominate:

\_\_\_\_\_ of \_\_\_\_\_ (Candidate’s Name) (Civic Address)

as a candidate for the elective office of \_\_\_\_\_ (Ward \_\_\_\_\_) (Mayor/Deputy Mayor/Ward Councillor/Councillor-At-Large)

Proposer’s Signature \_\_\_\_\_ Seconder’s Signature \_\_\_\_\_

I, \_\_\_\_\_ accept this nomination.

Candidate’s Signature \_\_\_\_\_

DECLARED before me at St. John’s, NL, this \_\_\_\_\_ day of \_\_\_\_\_, 2020

Returning Officer’s Signature \_\_\_\_\_

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 nominating 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 and the non-refundable \$50 fee to:

Office of the City Clerk
P.O. Box 908, 10 New Gower Street
St. John’s, NL A1C 5M2

For further information:
Phone: 709-754-2489
Email: election@stjohns.ca