OCC - Nomination Form

Office of the City Clerk

ST. J@HN'S

NOMINATION FORM

(to be used for Candidates who are unable to be present on Nomination Day)

Note: Some features of this form may not be supported on all devices. Please download to improve access.

This form must be submitted to the address below.

| Declaration (to be completed by the Applicant) | | SECTION 1 | |
|---|---|-----------------|--|
| We, | _ and _ | | |
| (Proposer) being eligible to vote in the City of St. John's, no | | (Seconder) | |
| | _ of | | |
| (Candidate's Name) as a candidate for the elective office of: | | (Civic Address) | |
| Mayor | | | |
| Deputy Mayor | | | |
| Councillor-At-Large | | | |
| Councillor – Ward | | | |
| We declare that | | | |
| (Candidate's Name – as will appear on a ballot) | | | |
| Is unable to be nominated in person Is qualified Accepts nomination AND make this solemn declaration consciention same effect as if made under oath or affirmation | • | S S | |
| DECLARED before us at St. John's, NL this | <u> </u> | day of, 20 | |
| Proposer's Signature | Seconder's Signature | | |
| Candidate's Signature | | | |
| 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 Election Coordinator, election@stjohns.ca . | | | |
| Please bring completed form and receipt of payment for the non-refundable \$50 fee, payable at ACCESS St. John's to: | | | |
| P.O. Box 908, 10 New Gower Street | For further in Phone: 709-Email: election | | |
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