

Instructions

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

Name of person seeking nomination

Last Name or Single Name

Given Name(s)

Endorsement signatures for the nomination of a person for an office in the municipality of

_____ in the year _____.

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	
Signature		Date (yyyy/mm/dd)	