

Statement of Scrutineer or Official Agent

Local Authorities Election Act
(Sections 16(2), 68.1, 69, 70)

The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact

Business Title/Organization _____ Business Phone Number _____

Address _____ City or Town _____ Province _____ Postal Code _____

LOCAL JURISDICTION: _____, PROVINCE OF ALBERTA

ELECTION DATE (OR VOTE ON A BYLAW OR QUESTION): _____

I, _____,
Name of Scrutineer or Official Agent

of _____
Complete Address and Postal Code

in the Province of _____, am at least 18 years of age and,
Name of Province

(a) For the purposes of an election, will act as scrutineer on behalf of _____
for the office of _____
Name of Candidate
Office for which Candidate was Nominated

OR

(b) For the purposes of a vote on a bylaw, will act as scrutineer for those persons who are interested in

(Check [✓] One) ☐ **promoting** the passing of Bylaw No. _____

☐ **opposing** the passing of Bylaw No. _____

OR

(c) For the purposes of a vote on a question, will act as scrutineer on behalf of those persons who are interested in

(Check [✓] One) ☐ voting in the **positive** on the question set out.

☐ voting in the **negative** on the question set out.

AND I will in all respects maintain and aid in maintaining the absolute secrecy of the vote.

Signature of Scrutineer or Official Agent

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT