

FORM 4  
**NOMINATION PAPER AND  
CANDIDATE'S ACCEPTANCE**  
*Local Authorities Election Act*  
(Sections 12, 21, 22, 23, 23.1, 27,  
28, 47, 68.1, 151, 158.3, Part 5.1)  
*Education Act* (Sections 4(4), 74)

**LOCAL JURISDICTION:** The City of Spruce Grove, Province of Alberta

**ELECTION DATE:** Monday, October 20, 2025

We, the undersigned electors of the City of Spruce Grove, Province of Alberta nominate:

\_\_\_\_\_  
(Candidate's Surname) (Candidate's Given Names) of \_\_\_\_\_  
(Complete Address, and Postal Code)

as a candidate at the election about to be held for the office of \_\_\_\_\_ of the City of  
Spruce Grove, Province of Alberta. (identify office of Mayor or Councillor)

Provide signatures of at least **25 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with  
sections 27 and 47 of the *Local Authorities Election Act*.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
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6.		
7.		
8.		
9.		
10.		
11.		
12.		

The personal information collected through this form is for administering the election. This collection is authorized by section 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact the FOIP Coordinator, City of Spruce Grove, at 780-962-2611 or 315 Jespersen Ave, Spruce Grove, AB T7X 3E8.

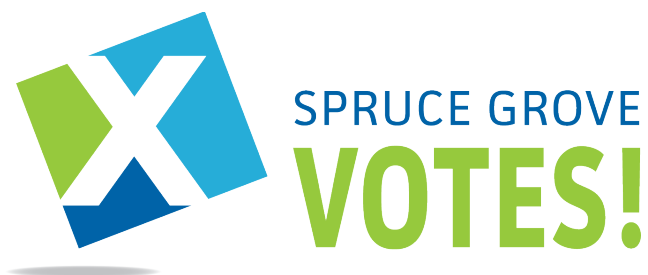


# SPRUCE GROVE VOTES!

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13.		
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25.		

Supplementary signatures may be collected and documented on the supplementary sheet provided.



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**CANDIDATE'S ACCEPTANCE**

I, the above-named candidate, solemnly swear (affirm) that

I am eligible under sections 21 and 47 of the *Local Authorities Election Act* to be elected to the office;

I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*;

I will accept the office if elected;

I have read sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1 and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;

I am appointing \_\_\_\_\_ as my official agent  
(if applicable), (name, contact information or complete address and postal code, and telephone number of official agent)

I have provided a criminal record check with my nomination package;

I will read and abide by the municipality's code of conduct if elected; and

The electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and are a resident in the local jurisdiction on the date of signing the nomination.

**PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT:**

Candidate's Surname

Given Names (may include nicknames, but not titles, i.e. Mr., Mrs., Dr.)

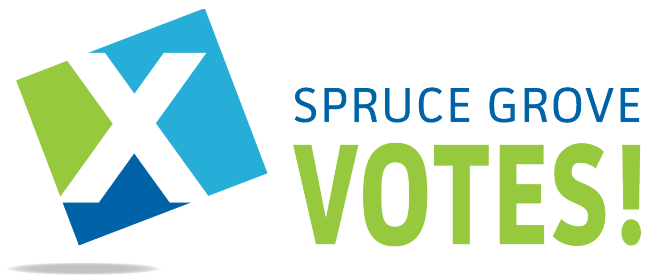
SWORN (AFFIRMED) BEFORE ME at the  
\_\_\_\_\_ of \_\_\_\_\_ in the  
Province of Alberta this \_\_\_\_ day of \_\_\_\_\_  
2025.

Signature of Candidate

Signature of Returning Officer or Commissioner for Oaths

**IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT**

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**RETURNING OFFICER'S ACCEPTANCE**

Returning Officer signals acceptance by signing this form:

\_\_\_\_\_  
Signature of Returning Officer

### Supplementary Signatures

\_\_\_\_\_  
Candidate's Surname

\_\_\_\_\_  
Candidate's Given Names

Printed Name of Elector	Complete Address and Postal Code of Residence of Elector	Signature of Elector