

Nomination Paper - Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print

or type information		ires).	10 1110	a complete and ac	odiale non	iii latioii pap	or. I loude print	
Nomination paper o	f a person to be a	candidate at an elec	ction to	be held in the follow	ring municipa	ality		
	PETROLIA	***************************************	-					
Nominated for the Office of				Ward Name or Number (if any)				
TOWN CO								
		the ballot paper (su	bject to	•	unicipal clerl	<)		
Last Name or Single Name				Given Name(s)				
HUNTER				SHALEN				
Nominee's full qualifying address within municipality								
Suite/Unit Number		Street Name						
	4078	PETROLIA	NN		MIRA			
Municipality				Province			Postal Code	
PETROLIA				ONTARIO			NON IRO	
Mailing Address	. _	qualifying address					•	
Suite/Unit Number	Street Number	Street Name						
Municipality		***************************************	I	Dundana			In a series	
Municipality				Province			Postal Code	
If nominated for sch	nool hoard, full add	tress of residence w	ithin ite	iurisdiction				
If nominated for school board, full address of residence within its jurisdiction Suite/Unit Number Street Number Street Name								
Suite/Offit Number	Street Number	Street Name						
Municipality				Province	····		Postal Code	
•							, , , , , , , , , , , , , , , , , , , ,	
Email Address				Telephone Number Telephone		Telephone	Number 2	
shalenhunter@gmail.com				519-318-6120				
Declaration of	Qualification							
1, SHALEN HUNTER				1	declare that	l am present	ly legally qualified	
(or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of								
Commons of Canada) to be elected and to hold the office for which I am nominated.								
Shali tr								
Signature of Nominee				Date (yyyy/mm/dd)				
	_							
				f Nominee or Agent Signature of Clerk or Designate				
2022/08/11 11:58 (IT MED		(ir filed)	in person) N. Bollens			<u>, </u>		
Certification by	Clerk or Desi	gnate						
I, the undersigned of	clerk of this munic	ipality, do hereby ce	rtify tha	t I have examined th	ne nominatio	n paper of th	e aforesaid	
	me and am satisfi	ed that the nominee	is qualit	ied to be nominated	l and that the	nomination	complies with	
the Act.								
Signature				Date Certified (yyyy/mm/dd)				

9499P_E (2022/04)