

Ministry of Municipal Affairs and Housing

Nomination Paper – Form 1

Print Form

Clear Form

Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

It is the responsibility of the person being nominated to file or type information (except signatures).	a complete and accurate nom	nination paper. Please print
Nomination paper of a person to be a candidate at an election to	be held in the following municipa	ality
Nominated for the Office of	Ward Name or Number (if any)	
COUNCILLOR		
Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)		
Last Name or Single Name	Given Name(s) Debra kunn	
Nominee's full qualifying address within municipality		
Suite/Unit Number Street Number Street Name		
Suite/Onlit Number Street Number Street Name Petrolic	<i>L</i> Line	
Municipality Lambton Petrolia	Province ONTARIC	Postal Code NON IRO
Mailing Address Same as qualifying address		
Suite/Unit Number Street Number Street Name LINE		
Municipality	Province	Postal Code
DAWN EUPHEMIA	ONTARIO	
If nominated for school board, full address of residence within its jurisdiction		
Suite/Unit Number Street Number Street Name		
Municipality	Province	Postal Code
Email Address debboite 630 gmail.com	Telephone Number 519.331.9574	Telephone Number 2
Declaration of Qualification I, Debro Pitel , declare that I am presently 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.		
2032/08/17		
/ Signature of Nominee Date (yyyy/mm/dd)		
) Signature of Norminee Date (yyyymmiad)		
		f Clerk or Designate
3033/08/18 1:13 (if filed	filed in person) N. Bollens	
Certification by Clerk or Designate		
I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid		
nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with		
the Act.		
Signature	Date Certification	ed (yyyy/mm/dd)
		* 2

Save Form

Disponible en français

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Aus 18102 @ 2:15pm

- verbally confirmed to Ms. Pitel the information to be included where left blank.

- She confirmed a provided all information a provided verbal approval by Phone to add information as she was in Thompsuille.