



# Notice of Intent

*Local Authorities Election Act (section 147.22)*

Pursuant to **Part 5.1 Election Finances and Contributions Disclosure** of the [Local Authorities Election Act](#), No individual and no person acting for the individual shall accept a contribution or incur a campaign expense unless the individual has given written notice.

Individuals who intend to be nominated or has been nominated to run in the municipal election as a candidate must give written notice. **Submitting a notice of intent is not a substitute for completing the nomination process.**

### INSTRUCTIONS

1. The form is to be completed by the individual who intends to be nominated or has been nominated to run for election as a candidate in the 2025 Municipal Election.
2. Email, mail or drop off in-person the completed form at Morinville Civic Plaza, Attention: Legislative Services, Elections or email [elections@morinville.ca](mailto:elections@morinville.ca).
3. When there are any changes to the information below, notify the Election Office in writing within 48 hours by submitting a revised Candidate Financial Information form.

I am intending to run for (please specify below):      Mayor      or      Councillor		
Last Name	First Name	Middle Name(s) or Initials
Home Address		Postal Code
Email Address		
Phone Number(s)		
Address of place(s) where candidate records are maintained and where communications may be sent (records must be kept for period of three years following election day):		
Name(s) and address(es) of the financial institution where campaign contributions will be deposited. (List additional financial institutions on page 2, if any): <i>Example: Name of financial institution - Address of financial institution</i>		
Name(s) of signing authorities for the above depository		

Personal information is collected under the authority of Section 33(a), (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the administration of the municipal election. This form or parts thereof may be disclosed as permitted or required by law. If you have any questions about the collection, use or disclosure, please contact the FOIP Coordinator at 780-939-4361.



**Name(s) and address(es) of additional financial institutions where campaign contributions will be deposited (if any):**

Name(s) and address(es) of the financial institution where campaign contributions will be deposited. (if any):
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Name(s) of signing authorities for the above depository
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*By typing your name in the signature box below, this indicates that the information entered into this form is accurate.*

SIGNATURE (insert electronic signature or type name)	DATE
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