



Nomination Package

Parkland County 2025 Election



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Nomination information:

Thank you for your consideration to be a candidate in the 2025 Election. This guide will provide you with the required documents to submit your nomination requirements, and important forms to consider throughout your campaign. This package is a compliment to the Candidate Information Guide found on the [Information for Candidates](#) page of our website. Both documents may be updated throughout the election cycle. It is advised that you check the Election 2025 website often and subscribe to email updates through the website to receive updates as they are posted.

As a candidate, it is your responsibility to ensure that you comply with all the aspects of the election process. The Returning Officer and election staff are not responsible for any errors or omissions.

Should you have any questions please do not hesitate to contact the Returning Officer:

Eva Beyer

Returning Officer, Parkland County/Parkland School Division

Email: Eva.Beyer@parklandcounty.com or elections@parklandcounty.com

Phone: 825-963-5170

This guide provides reference to provincial legislation. Candidates may obtain a copy of the *Local Authorities Election Act*, *Municipal Government Act* or *Education Act* from the following source:

The King's Printer,

Main Floor, Park Plaza

10611 98th Avenue NW Edmonton, ABs T5K 2P7

Telephone: 780-427-4952

Website: Alberta King's Printer | Alberta.ca

Nomination checklist:

Prior to submitting your Nomination Package, please ensure that you:

	Review the requirements to become a candidate
	Print and complete the appropriate Form 4 – Nomination Paper & Candidate’s Acceptance
	Have a Commissioner for Oaths or Returning Officer sign your form
	Include the \$100.00 Cash deposit (Cash, Bank Draft, Money Order, credit card or debit card payment)
	Print and complete Form 5 – Candidate Financial Information
	Print and complete the Candidate Consent Form

Forms

The below forms are required by candidates. Select the appropriate form and add your information. These forms will need to be printed off and handed in with your nomination package to the Returning Officer along with cash fee of \$100.00. Cash (Cash, Bank Draft, Money Order) or you may provide in-person credit card or debit card payment.

Open and print the document to complete. Should you wish to receive paper forms, please contact the Returning Officer at 825-963-5170 or elections@parklandcounty.com

It is the responsibility of each candidate to ensure they meet the eligibility requirements to become a candidate and adhere to the *Local Authorities Election Act* throughout the campaign period.

Please ensure that you print off the appropriate form for your nomination. Click on the form and print off.

FORM 4 – NOMINATION PAPER & CANDIDATE ACCEPTANCE

- Form 4 - Parkland County
- Form 4 - Parkland School Division

FORM 5 – CANDIDATE FINANCIAL INFORMATION

CANDIDATE CONSENT FORM/OFFICIAL AGENT CONSENT FORM

Please note: Additional forms will become available as the election progresses. Please check the Forms and Documents page on Parkland County's website frequently, or subscribe to the page to receive notifications when updates are available.

Considerations:

- 1) Options that the candidate and elector's wish to partake, should meet any current Provincial/Municipal requirements. Example: A candidate may wish to email the Form 4 to the elector to have them print it off and fill in as prescribed with their information.
- 2) No electronic signatures or scanned forms are permitted for the form to be valid. The candidate can plan with the elector to obtain the original document.
- 3) Candidates may collect as many forms as necessary to fulfill the 5-electror requirement.
- 4) Candidates will complete the entire Form 4 along with the Candidate Acceptance.
- 5) Candidates will arrange with the Returning Officer to submit their completed Form 4 and Form 5 along with payment. Payment accepted: Cash, Bank Draft, Money Order, or credit or debit card payment.

Form 4 must be signed by a Commissioner for Oaths or the Returning Officer. Once signed the form may be submitted by the candidate or by any person authorized by the candidate to the Returning Officer.

Candidate's Acceptance

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

- THAT I am eligible under section 21 and 47 (and section 12, in the case of summer villages) of the Local Authorities Election Act and 74 of the Education Act (if applicable) to be elected to the office;
- THAT I am not otherwise disqualified under section 22 or 23 of the Local Authorities Election Act;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 23, 27, 28, 47, 68.1 and Part 5.1 of the Local Authorities Election Act and sections 4(4) and 74 of the Education Act (if applicable) and understand their contents;
- THAT I am appointing

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)

As my official agent.

- THAT I will read and abide by the municipalities code of conduct if elected (if applicable); and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the Local Authorities Election Act and the Education Act and 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 Name(s) (may include nicknames, but not titles, i.e., Mr., Ms., Dr.))

SWORN (AFFIRMED) BEFORE ME)

at the _____ of _____,

in the Province of Alberta)

(Candidate Signature)

this _____ day of _____,)

20____.)

_____))

(Signature of Returning Officer, Commissioner for Oaths or Notary Public for Alberta. Also include printed or stamped name and expiry date. A stamp is not required for the Returning Officer)

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

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

(Signature of Returning Officer)

Candidate's Acceptance

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

- THAT I am eligible under section 21 and 47 (and section 12, in the case of summer villages) of the Local Authorities Election Act and 74 of the Education Act (if applicable) to be elected to the office;
- THAT I am not otherwise disqualified under section 22 or 23 of the Local Authorities Election Act;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 23, 27, 28, 47, 68.1 and Part 5.1 of the Local Authorities Election Act and sections 4(4) and 74 of the Education Act (if applicable) and understand their contents;
- THAT I am appointing

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)

As my official agent.

- THAT I will read and abide by the municipalities code of conduct if elected (if applicable); and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the Local Authorities Election Act and the Education Act and 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 Name(s) (may include nicknames, but not titles, i.e., Mr., Ms., Dr.))

SWORN (AFFIRMED) BEFORE ME)

at the _____ of _____
in the Province of Alberta)

this _____ day of _____,)

20____.)

_____))

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(Candidate Signature)

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

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

(Signature of Returning Officer)



Local Jurisdiction: **PARKLAND COUNTY**, Province of Alberta

Protection of Privacy - Personal information provided is collected in accordance with Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the management of the local election. Should you require further information about collection, use and disclosure of personal information, please contact: Parkland County's Legal Services Coordinator, 53109A HWY 779, Parkland County, Alberta, T7Z 1R1, and (780) 968-3229.

Candidate's Information

Name _____

Address _____ Postal Code _____

Address of place(s) where candidate records are maintained

1. Address _____ Postal Code _____

2. Address _____ Postal Code _____

3. Address _____ Postal Code _____

Name(s), address(es), and signing authorities of financial institutions where campaign contributions will be deposited

1. Financial Institution

Address _____ Postal Code _____

Signing Authority

2. Financial Institution

Address _____ Postal Code _____

Signing Authority

3. Financial Institution

Address _____ Postal Code _____

Signing Authority

Where there is any change in the above-mentioned information, the candidate shall notify the Returning Officer in writing within 48 hours of such changes.



Candidate/Official Agent Consent

Local Jurisdiction: **PARKLAND COUNTY**, Province of Alberta

Protection of Privacy - Personal information provided is collected in accordance with Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the management of the local election. Should you require further information about collection, use and disclosure of personal information, please contact: Parkland County's Legal Services Coordinator, 53109A HWY 779, Parkland County, Alberta, T7Z 1R1, and (780) 968-3229.

Candidate

Contact Information

Name: _____

Mailing Address: _____ Postal Code: _____

Email: _____ Website/social media: _____

Telephone: _____ Cell Phone: _____

Communications Consent

Yes, I agree to having my name and contact information listed as a candidate to Parkland County website Election page prior to Nomination Day, September 22, 2025.

Yes, I would like to receive candidate information email from the Returning Officer.

Yes, I would like to receive alerts from the Returning Office. Please check all that apply:

Email _____
(Email address if different from above)

Text _____
(Cell phone if different from above)

Official Agent

Contact Information

Name: _____

Mailing Address: _____ Postal Code: _____

Email: _____

Telephone: _____ Cell Phone: _____

Communications Consent

Yes, I would like to receive candidate information email from the Returning Officer.

Yes, I would like to receive alerts from the Returning Office. Please check all that apply:

Email _____
(Email address if different from above)

Text _____
(Cell phone if different from above)