

**Instructions**

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

**Name of person seeking nomination**

Last Name or Single Name

Given Name(s)

Endorsement signatures for the nomination of a person for an office in the municipality of

\_\_\_\_\_ in the year \_\_\_\_\_.

**Name of person providing endorsement**

Last Name or Single Name

Given Name(s)

**Qualifying Address**

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

I endorse \_\_\_\_\_ as a candidate and declare that I am qualified to be an elector in this municipality.

 \_\_\_\_\_  
Signature

 \_\_\_\_\_  
Date (yyyy/mm/dd)

**Name of person providing endorsement**

Last Name or Single Name

Given Name(s)

**Qualifying Address**

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

I endorse \_\_\_\_\_ as a candidate and declare that I am qualified to be an elector in this municipality.

 \_\_\_\_\_  
Signature

 \_\_\_\_\_  
Date (yyyy/mm/dd)

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- Complete additional forms as needed to obtain 25 signatures.
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<b>Name of person providing endorsement</b>			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	
Signature		Date (yyyy/mm/dd)	

<b>Name of person providing endorsement</b>			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	
Signature		Date (yyyy/mm/dd)	

<b>Name of person providing endorsement</b>			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
_____		_____	
Signature		Date (yyyy/mm/dd)	