

The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact

<u>Summer Village of Ghost Lake FOIP Office</u>		<u>825-735-7224</u>	
Business Title/Organization		Business Phone Number	
<u>Box 1806</u>	<u>Cochrane</u>	<u>AB</u>	<u>T4C 1B6</u>
Address	City or Town	Province	Postal Code

Candidate's Full Name _____

Candidate's Address and Postal Code _____

Address(es) of Place(s) where Candidate Records are Maintained _____

Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable)

Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.