OCC – Declaration of Qualification of Candidate

Office of the City Clerk

ST. J@HN'S

Declaration of Qualification of Candidate

Note: Some features of this form may not be supported on all devices. Please download to improve access.

This form must be submitted to the address below.

| Declaration (to be completed by the applicant) | | | | | SECTION 1 |
|---|---|---|----------------------|---|-----------|
| I, of | | | | | |
| a candidate for the office of (WARD | | | .RD | _) in the City of | |
| St. John's, declare that: | | | | | |
| 1. | I am a Canadian Ci | tizen of at least 18 years of | age; | | |
| 2. | I have been ordinarily resident in the City of St. John's for at least 30 days immediately preceding the nomination period; | | | | |
| 3. | I am not indebted to Council for arrears of taxes or other charges payable to the municipality of St. John's; | | | | |
| 4. | I am not otherwise | disqualified under the Muni | cipal Elections Act. | | |
| AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath or affirmation and by virtue of the Canada Evidence Act. | | | | | |
| Declared before me at St. John's, NL, this day of, 20 | | | | | |
| Returning Officer's Signature | | | | | |
| Candidate's Signature | | | | | |
| Privacy Notice SECTION 2 | | | | | |
| Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of declaring the qualification of a Candidate. Questions about the collection and use of the information may be directed to the Election Coordinator, election@stjohns.ca . | | | | | |
| Please form to | e bring completed o: | Office of the City Clerk P.O. Box 908, 10 New Go St. John's, NL A1C 5M2 | wer Street | For further info Phone: 709-79 Email: <u>election</u> | 54-2489 |

