



Nomination Paper

It is the responsibility of the individual being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

Nominee's name as it is to appear on the ballot paper

Last Name: _____ Given Name(s): _____

Nominee's full qualifying address within the City of Owen Sound

Suite/Unit Number: _____ Street Number: _____ Street Name: _____

Municipality: _____ Province: _____ Postal Code: _____

Mailing Address Same as qualifying address

Suite/Unit Number: _____ Street Number: _____ Street Name: _____

City/Town: _____ Province: _____ Postal Code: _____

If you do not have a qualifying address within the City of Owen Sound, are you an employee of a business operating in the River District?

Yes No If yes, which business? _____

Declaration of Qualification

I, _____, declare that I am presently qualified, as per the River District Constitution, to be elected and to hold the office of Director of the River District Board of Management for which I am nominated.

_____ Signature of Nominee _____ Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)	Time Received	Initial of Nominee or Agent	Signature of Election Manager

Certification by Election Manager

I, the undersigned Election Manager of the River District Business Improvement Area, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with Sections 5.1 and 5.2 of the Candidate Information Package.

_____ Signature _____ Date Certified (yyyy/mm/dd)