## THE CORPORATION OF THE TOWN OF KINGSVILLE COUNCIL VACANCY APPLICATION FORM MAYOR POSITION



## Note

- An Application Form may only be filed in person or by an agent; It may not be faxed or e-mailed.
- It is the responsibility of the person being nominated to file a complete and accurate nomination paper.

## Instruction

• Please print or type information (except signatures).

Nominee's Name as it is to appear on all correspondence Last Name		` ,	e (subject to agreement of the municipal clerk) Given Name(s)	
Last Name		Given Name(3)		
Nominee's full qualifying addre	ss with municipality			
Suite/Unit No.   Street No.	Street Name			
City/Town		Province	Postal Code	
Oity/ 10Wii		1 TOVINGE	1 Ostal Code	
Mailing Address				
Suite/Unit No.   Street No.	Street Name			
City/Town	<u> </u>	Province	Postal Code	
O.I.J. 1 O.II.1		i revilled	l solal sous	
Telephone No. (incl. area code)			1	
Business	Home	Email Address		
Declaration of Qualification		<u> </u>		
I,, the nominee mentioned in this application form, declare that I am presently legally				
qualified, ow would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House				
of Commons of Canada, to be elected and to hold the office for which I am nominated and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.				
Declared before me				
At the				
Of				
In the of				
This day of	, 20_			
Signature of Clerk or Commissioner, etc.  Signature of Non			gnature of Nominee	
Date Filed (yyyy/mm/dd)	Time Filed	Nominee or Agent Initial	Signature of Clerk or Designate	

## **Certification by Clerk or Designate**

I, the undersigned Clerk of this municipality, do hereby certify that I have examined the application form of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature Date (yyyy/mm/dd)