



PLEASE PRINT

CORP-1017

Corporate Services

NOMINATION FORM

Declaration (to be completed by the applicant):

SECTION 1

We, _____ and _____
(Proposer) (Seconder)

being eligible to vote in the City of St. John's, nominate:

_____ of _____
(Candidate's Name) (Civic Address)

as a candidate for the elective office of _____ (Ward _____)
(Mayor/Deputy Mayor/Ward Councillor/Councillor-At-Large)

Proposer's Signature

Seconder's Signature

I, _____ accept this nomination. _____
Candidate's Signature

DECLARED before me at St. John's, NL, this _____ day of _____, 2017

Returning Officer

Please bring completed form and the non-refundable \$50.00 fee to:

Office of the City Clerk
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

For further information:
E-mail: election@stjohns.ca
Phone: 754-CITY (2489)