

Instructions

- Candidates must obtain a minimum of 25 original signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.
- The qualifying address provided must include the postal code.

Personal information collected on this form is obtained under the authority of sections 33 and 95 of the *Municipal Elections Act, 1996*. Under section 88 of the *Municipal Elections Act, 1996* (and despite anything in the *Municipal Freedom of Information and Protection of Privacy Act*) documents and materials filed with or prepared by the clerk or any other election official under the *Municipal Elections Act, 1996* are public records and, until their destruction, may be inspected by any person at the clerk's office at a time when the office is open.

Name of person seeking nomination

Last Name or Single Name

Given Name(s)

Endorsement signatures for the nomination of a person for an office in the municipality of

City of Kawartha Lakes

in the year 2026

Name of person providing endorsement – 1

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Name of person providing endorsement – 2

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature_____
Date (yyyy/mm/dd)**Name of person providing endorsement – 4**

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature_____
Date (yyyy/mm/dd)**Name of person providing endorsement – 5**

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature_____
Date (yyyy/mm/dd)